


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 027 ***150.00

DOCUMENT # P05000037388

1. Entity Name
MA BOUTIQUE INC



Principal Place of Business
**2285 EAST HWY 100
 BUNNELL, FL 32110**

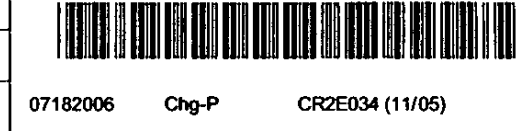
Mailing Address
**6 PERTH PLACE
 PALM COAST, FL 32164**

2. Principal Place of Business
2285 East Hwy 100
 Suite, Apt. #, etc.

3. Mailing Address
6 Perth Pl
 Suite, Apt. #, etc.

City & State
Bunnell, FL
 Zip
32110 Country

City & State
Palm Coast, FL
 Zip
32164 Country



6. Name and Address of Current Registered Agent
**SEIDE, LOLANGE
 6 PERTH PLACE
 PALM COAST, FL 32164**

4. FEI Number
20-24 77716

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lolange Seide* DATE *7/18/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SEIDE, LOLANGE	6 PERTH PLACE	PALM COAST, FL 32164	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lolange Seide* DATE *7/18/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #