2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jul 14, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P05000046382						0026 050 ***150.0		
 Entity Name GINGER GALORE, IN 	IC.				0, 1, 2 000,	30 2 0 000 1000		
ONVOEN OAEONE, IN								
Principal Place of Business		Mailing Address				4		
13680 CANOE COURT 13680 CANOE COURT JACKSONVILLE, FL 32226 US JACKSONVILLE, FL 32226			6 US					
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2. Principal Place of Business		3. Mailing Address		, 				
731 Duva	(Statign)	3709 Vic	toria La	Kes Dr. E	in mulat mifti Anth maitt an	ern åtift Graca ernen innt følfa fir	ringi ii irai	
Suite, Apt. #, etc. らいナヒ 1フ	Rd.	Suite, Apt. #, etc.		07112006	Chg-P	CR2E034 (11/05)		
City & State Jacksonvill	e, Florida	City & State	le Flori	4. FEI Numb	oer O-25810		oplied For of Applicable	
Zip 2 n - O	ountry IIC A	Zip Z Z Z Z Z	Country		e of Status Desired	\$8.75 Add	litional	
24210	Address of Current Re	gistered Agent	USA	<u> </u>	d Address of New I	Fee Require	d	
		<u> </u>	Name	Christi	7	wford		
CRAWFORD, CHRISTINA 13680 CANOE COURT			Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32226			-	3709 Victoria Lakes Dr E.				
			City			Lakes Dr		
8. The above named eatiny sub	omits this statement for th	e purpose of changing its re	egistered office or	Jacksonvi registered agent, or b	<u> </u>	forida. I am familiar with,	and accept	
the obligations of registered	agent.	0	1			1 1	·	
SIGNATURE Signature, poed of the	ted name of registered agent and	title if applicable. (NOTE: F	Nristing	re required when reinstalling)	<u>ra</u>	7/11/06 DATE		
	<u> </u>		<u> </u>					
FILE NOW!!! FI Due by Septer	-	9. Election Campaign	n Financing	\$5.00 May Be	In accordance	with s. 607.193(2)(b),	E C Aba	
		Trust Fund Contrib	oution.	Added to Fees	corporation did	d not receive the prior	notice.	
10.	OFFICERS AND DI		ution.	Added to Fees	<u> </u>	d not receive the prior	notice.	
TITLE PST			11.	Added to Fees	<u> </u>	d not receive the prior	notice.	
TITLE PST NAME CRAWFORD,	CHRISTINA	RECTORS	11.	Added to Fees	<u> </u>	d not receive the prior	notice. S IN 11	
TITLE PST NAME CRAWFORD, STREET ADDRESS CITY-ST-ZIP JACKSONVIL		RECTORS	11. TITLE NAME	Added to Fees ADDITIONS	<u> </u>	d not receive the prior	S IN 11 Addition	
TITLE PST NAME CRAWFORD, STREET ADDRESS CITY-ST-ZIP JACKSONVIL TITLE VP	CHRISTINA NA LAKES DR E LE, FL 32226	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS	6/CHANGES TO OF	d not receive the prior	notice. S IN 11	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Crawford

7/11/06 904-714-3