

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 021 \*\*\*150.00

<b>DOCUMENT # P05000050005</b> 1. Entity Name <b>THE LOVELY BAG LADIES, INC.</b>					
Principal Place of Business 13848 4TH STREET, APT 208 DADE CITY, FL 33525			Mailing Address 13848 4TH STREET, APT 208 DADE CITY, FL 33525		
2. Principal Place of Business <b>18700 Lake Zola Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>POB 17621</b> Suite, Apt. #, etc.			
City & State <b>Dade City Fa</b> Zip <b>33523</b> Country <b>USA</b>		City & State <b>SARASOTA FLA</b> Zip <b>34276</b> Country <b>USA</b>		4. FEI Number <b>34-2045281</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRAWOOD, LISA</b> <b>13848 4TH STREET, APT 208</b> <b>DADE CITY, FL 33525</b>			7. Name and Address of New Registered Agent Name <b>Pat Cubine</b> Street Address (P.O. Box Number is Not Acceptable) <b>5685 MIDNIGHT PASS Rd</b> <b># 115</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34242</b>		
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 <u><i>Pat Cubine</i></u> <b>President</b> <span style="float: right;">4-6-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HARRAWOOD, LISA 13848 4TH STREET, APT 208 DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Patsy Cubine POB 17621 SARASOTA, FLA 34276	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CUBINE, PAT 13848 4TH STREET, APT 208 DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CHRISTINA BELL</del> VP/T CHRISTINA BELL 364 Gordon ave San Jose California 95127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRAWOOD, LISA 13848 4TH STREET, APT 208 DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUBINE, PAT 13848 4TH STREET, APT 208 DADE CITY, FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Pat Cubine</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-6-06</u> Daytime Phone # <u>941.266.8730</u>		