

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060254

FILED  
Jul 17, 2006  
Secretary of State

**Entity Name:** FIRST IMPRESSIONS FASHION JEWELRY AND ACCESSORIES INC.

**Current Principal Place of Business:**

2183 PORTER LAKE DR  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

2183 PORTER LAKE DR  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 42-1667218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: HOFFMAN, FRANK L  
Address: 2231 OTTER CREEK LN  
City-St-Zip: SARASOTA, FL 34240

Title: DVS ( ) Delete  
Name: MCKINNEY, RICHARD  
Address: 106 EDGEWOOD DR  
City-St-Zip: EATON, OH 45320

Title: D ( ) Delete  
Name: LEBLANC, CARL G  
Address: 5293 ASHLEY PARKWAY  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: HOFFMAN, KENNETH R  
Address: PO BOX 433 CR 160-637  
City-St-Zip: THEODOSIA, MI 65761

Title: D ( ) Delete  
Name: SMITH, GREGORY  
Address: 148 HICKORY RODGE  
City-St-Zip: AMSTERDAM, NY 12010

Title: D ( ) Delete  
Name: HOFFMAN, KENNETH R II  
Address: 8565 MCMICHAEL RD  
City-St-Zip: CALEDONIA, IL 61011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** FRANK L HOFFMAN

PRES

07/17/2006

Electronic Signature of Signing Officer or Director

Date