2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065407

DUTKIEWICZ, LISA

24100 SW BEAVER DR

DUNNELLON, FL 34431

Name: Address:

City-St-Zip:

FILED Apr 05, 2006 Secretary of State

Entity Name: M.B.S. GIFTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6 W LEMON ST BEVERLY HILLS, FL 34465 **Current Mailing Address: New Mailing Address:** 6 W LEMON ST BEVERLY HILLS, FL 34465 FEI Number: 86-1136248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUTKIEWICZ, LISA COGNATO, MAGDALENA **6 W LEMON ST 6 W LEMON ST** BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465 US US 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: MAGDALENA COGNATO 04/05/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: () Change () Addition COGNATO, MAGDALENA Name: Name: 4760 N BAYWOOD DR Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COGNATO, MAGDALENA Name: 4760 N BAYWOOD DR Address: Address: BEVERLY HILLS, FL 34465 City-St-Zip: City-St-Zip: Title: Title: DCFO (X) Delete () Change () Addition DUTKIEWICZ, LISA Name: Name: 24100 SW BEAVER DR Address: Address: City-St-Zip: DUNNELLON, FL 34431 City-St-Zip: Title: (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MAGDALENA COGNATO **DCEO** 04/05/2006