## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

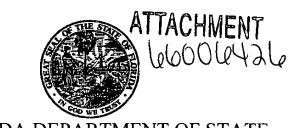
## FILED Mar 22, 2006 8:00 am Secretary of State

3/:

DOCUMENT # P05000110384  1. Entity Name JAMIE'S COUNTRY STITCHES, INC.					03-13-2006 90065 017 ***158.75				
Principal Place of Business Mailing Address									
282 NW 90 AVE 282 NW 90 AVE		071				66006	426		
CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071		J/ I	•			90000			
2. Principal Place of Business 11471 W Sample RCI 3. Malling Address									
Suite, Apt. #, etc. Suite, Apl. #, etc.				01112006	Chg-P	CR2E034 (	11/05)		
CON Spare City & State					4. FEI Number 75 - 3	198511			plied For ot Applicable
Zip Country Zip		Count	try	5. Certificate of	f Status Desired		.75 Add		
2000	6. Name and Address of Current F	Legistered Agent			7. Name and /	Address of New Ro		Require	<u> </u>
				Name			<u></u>		····
YESPELKIS, JAMIE L 282 NW 90 AVE CORAL SPRINGS, FL 33071				Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS, FL 33071									
				City			FL	Zip Cod	e
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									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				· •	5.00 May Be dded to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFFI	CERS AND DIF	ECTOR:	S IN 11
TITLE	PSTV	Delete III		I .				Change	Addition
NAME STREET ADORESS			STRÉ	ET ADORESS	,				
CITY-ST-ZIP				- \$1 - ZIP					
TITLE	☐ Delete TITL		TITLE					Change	Addition
NAME STREET ADDRESS			NAMI	E Et address					
CITY-ST-ZIP	* · · · · · · · · · · · · · · · · · · ·			-ST-ZIP					
TITLE	☐ Delete TITI		TITLE					Change	Addition
NAME			NAME	<b>I</b>					
STREET ADORESS City-St-Zip				ET ADORESS - ST - ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME	NA.		NAM				_		
STREET ADDRESS CITY-ST-ZIP			et address -St-Zip						
TITLE		☐ Delete	TITLE				П	Change	☐ Addition
NAME	;	La Doute	KAME	i i			_		
STREET ADDRESS	* ***			ET ADDRESS					
CITY-ST-ZIP		m	1-	-ST-ZIP				Ob	T and the
TITLE NAME		Detete	TITLE				U	Change	Addition
STREET ADORESS				ET ADDRESS					
CITY-SI-ZIP			CITY	-ST-ZIP					
12. I hereby	certify that the information supplied with	this filling does not qualify for	the eye	emptions contain	ed in Chanter 119	Florida Statutes 1	further certify ti	net the ir	nformation

Indicated on this report or supplies with a made does not down to the exhibitors between the contained indicated on this report or supplies 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.

ALLS PLL LOS UNGMATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2006

JAMIE"S COUNTRY STITCHES, INC. 282 NW 90 AVE CORAL SPRINGS, FL 33071

Subject: JAMIE'S COUNTRY STITCHES, INC.

Reference Number:

P05000110384

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION