

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2006-90011-001-\$500.00-\$500.00 \*  
9/8/2006-90011-002-\$50.00-\$50.00

<b>DOCUMENT # P05000123414</b> 1. Entity Name <b>GIFTS AND FRAGRANCES, INC.</b>					
Principal Place of Business <b>1352 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32211</b>			Mailing Address <b>8024 SOUTHSIDE BOULEVARD APARTMENT #154 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business <b>11041 BEACH BLVD</b> Suite, Apt. #, etc. <b># A-15</b> City & State <b>JACKSONVILLE, FLORIDA</b> Zip <b>32246</b> Country <b>DUVAL</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>05-0626937</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent <b>WHITE, LATOYAM 8024 SOUTHSIDE BOULEVARD APARTMENT # 154 JACKSONVILLE, FL 32256</b>		
7. Name and Address of New Registered Agent Name <b>WILSON, FREDRICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>8024 SOUTHSIDE BLVD #154</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32256</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>Fredrick Wilson</i></u> DATE <b>9-21-06</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$850.00 Due by September 6, 2006</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 WHITE, DEBRA F 8024 SOUTHSIDE BOULEVARD APT# 154 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALES MANAGER WHITE, SHARENA L. 8024 SOUTHSIDE BLVD #154 JACKSONVILLE, FLORIDA 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, FREDRICK 8024 SOUTHSIDE BOULEVARD APT# 154 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEA, TRACY D. 8024 SOUTHSIDE BLVD #154 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WHITE, LATOYA M 8024 SOUTHSIDE BOULEVARD APT. # 154 JACKSONVILLE, FL 32256	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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>Fredrick Wilson</i></u>			Date <b>9-05-06</b> Daytime Phone <b>(904) 997-0204</b>		

B. Mitchell SEP 22 2006