

FROM : JOHN WILLIAM NICHOLS CO

FAX NO. : 3052329552

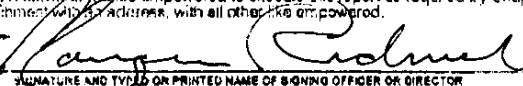
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90449 047 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000128949					
1. Entity Name WHITE GLOVE ANTIQUES, INC.					
Principal Place of Business 2340 WILTON DRIVE WILTON MANORS, FL 33305			Mailing Address 2340 WILTON DRIVE WILTON MANORS, FL 33305		
2. Principal Place of Business			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3536651	
5. Certificate of Status Cleared ☐				Applied For ☐ Not Applicable ☒	
6. Name and Address of Current Registered Agent RUDNICK, MONIQUE 2340 WILTON DRIVE WILTON MANORS, FL 33305				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ Signature must be printed name of registered agent and use if applicable. (If-DIR, Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	FSTD RUDNICK, MONIQUE 2340 WILTON DRIVE WILTON MANORS, FL 33305 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 of this filing, or in an attachment with a address, with all other like empowered.

SIGNATURE:  **4-27-06**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year

SIGN
& DATE