FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # \$05000142795

SIGNATURE:

EXQUISITE POTTERY ETC., Inc.



FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90128 020 ***150.00

Cxqo	7)		
DO NOT WRITE IN THIS SPACE				
DO NOT WRITE IN THIS SPACE				40048057
Principal Place of Business 3. Mailing Address			.)\a	
524 OAKFIELD DR. 524 OAKFIE			ELD DR.	The state of the s
Suite, Apt. #, etc.			G ,	CR2E034B (8/05)
BRANDON FC B		City & State	10	4 FEI Number Applied For
City & State 33511	USA	3351	USA	Not Applicable
	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
<u> </u>				7. Name and Address of Current Registered Agent
Name —				
	DO NOT W	DITE		GREEN
DO NOT WRITE			Street Address	(P.O. Box Number is Not Acceptable)
IN THIS SPACE			4913	3 SYLVAN ORICS DR.
	•		City (AL	OLCO GU 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, type) or prince in registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
January 1 - May 1 Fee is \$150.00				
After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Amended AR is \$61.25 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	<u> </u>		
TITLE J	OV GREEN, V.PRE	SIDENT	TITLE	
NAME 4913 SYLVANIONCS DR			NAME	
STREET ADDRESS CITY-ST-ZIP VAURICO, FC 33594			STREET ADDRESS CITY-ST-ZIP	
			TITLE	
TITLE CA	HISA NOSAMIEFAY	J.V. PILES (DEN)	NAME	
STREET ADDRESS 91	115 EGRET COVE	Circle	STREET ADDRESS	
CITY-ST-ZIP	IVERVIEW FU 3	3569	CITY-ST-ZIP	
TITLE	,		TITLE	
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
40 15	fy that the information supplied with	h this filing does not qualify to	or the exemption stated in	Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.				

GREEN