

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 004 ***150.00

DOCUMENT # P05000167737					
1. Entity Name UNIQUE GIFT ART INC					
Principal Place of Business 2263 W NW HAVEN AVE STE 385 MELBOURNE, FL 32904			Mailing Address 2263 W NW HAVEN AVE STE 385 MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 7777 N. WICKHAM RD. Suite, Apt. #, etc. # 12-312 City & State MELBOURNE FL Zip 32940 Country USA		3. Mailing Address 7777 N. WICKHAM RD Suite, Apt. #, etc. # 12-312 City & State MELBOURNE FL Zip 32940 Country USA		40031110 	
4. FEI Number 22-3919596				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 PD NAME DEPANTE, JOSEPH STREET ADDRESS 2263 W NW HAVEN AVE - STE 385 CITY-ST-ZIP MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MATTHEW DEPANTE STREET ADDRESS 7777 N. WICKHAM RD #12-312 CITY-ST-ZIP MELBORNE FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME VITASSA, ROSEANN STREET ADDRESS 2263 W NW HAVEN AVE - STE 385 CITY-ST-ZIP MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME HEIDI DEPANTE STREET ADDRESS 7777 N. WICKHAM RD. #12-312 CITY-ST-ZIP MELBOURNE FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME APPLETON, KRISTEN STREET ADDRESS 2263 W NW HAVEN AVE - STE 385 CITY-ST-ZIP MELBOURNE, FL 32904	<input 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		TITLE SECT NAME JOSEPH DEPANTE STREET ADDRESS 640 HIGH POINT CRT. CITY-ST-ZIP MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		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: <i>Joseph Depante</i> Joseph DEPANTE 4/2/07 321 508 3901 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					