


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 011 ***150.00

DOCUMENT # P06000095665	
1. Entity Name BONNELL'S BOUTIQUE, INC.	

Principal Place of Business 1435 CURLEW AVENUE APT. 4 NAPLES, FL 34102 US	Mailing Address 1435 CURLEW AVENUE APT. 4 NAPLES, FL 34102 US
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40008010



2. Principal Place of Business - No P.O. Box # 225 WEST MIAMI AVENUE	3. Mailing Address 225 WEST MIAMI AVENUE
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State VENICE FL	City & State VENICE FL
Zip 34285	Country USA

01162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5297418	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 ELDEN, MICHAEL G 1435 CURLEW AVENUE APT. 4 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Michael G. Elden Street Address (P.O. Box Number is Not Acceptable) 225 WEST MIAMI AVENUE #1 City VENICE FL Zip Code 34285
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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 Michael G. Elden DATE 1-29-7

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELDEN, MICHAEL G		NAME MICHAEL G. ELDEN	
STREET ADDRESS 1435 CURLEW AVENUE, APT. 4		STREET ADDRESS 225 WEST MIAMI AVENUE #1	
CITY-ST-ZIP NAPLES, FL 34102		CITY-ST-ZIP VENICE, FL 34285	
TITLE	<input type="checkbox"/> Delete	TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME LISA TERRAGLIA	
STREET ADDRESS		STREET ADDRESS 225 WEST MIAMI AVENUE #1	
CITY-ST-ZIP		CITY-ST-ZIP VENICE FL 34285	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Michael G. Elden DATE 1-29-7 DAYTIME PHONE # 941-480-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR