

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000086337

Entity Name: GIFTALOFT, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6900 VENETIAN WAY  
LAKE CLARKE SHORES, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

6900 VENETIAN WAY  
LAKE CLARKE SHORES, FL 33406

**New Mailing Address:**

FEI Number: 45-0568950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEANNE, TESSIER  
6900 VENETIAN WAY  
LAKE CLARKE SHORES, FL 33406 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: NORTH, CELINE  
Address: 6900 VENETIAN WAY  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: T  
Name: TESSIER, JEANNE  
Address: 6900 VENETIAN WAY  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CELINE T. NORTH

P/D

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date