2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# P07000122614

Entity Name: GIFTS AT KIM'S, INC.

Current Principal Place of Business:

5305 OAKWAY DR
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

5305 OAKWAY DR
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 26-0364324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REEVES, KIMBERLY R
5305 OAKWAY DR
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

REEVES, KIMBERLY
5305 OAKWAY DR
LAKELAND, FL 33805 US

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: KIMBERLY REEVES 05/16/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REEVES, KIMBERLY R
Address: 5305 OAKWAY DR
City-St-Zip: LAKELAND, FL 33805

Title: VP ( ) Delete
Name: REEVES, PERRY M
Address: 5305 OAKWAY DR
City-St-Zip: LAKELAND, FL 33805

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REEVES, KIMBERLY
Address: 5305 OAKWAY DR
City-St-Zip: LAKELAND, FL 33805

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: REEVES, JOHN
Address: 5305 OAKWAY DR
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY REEVES P 05/16/2008
Electronic Signature of Signing Officer or Director Date