

2006 FOR PROFIT CORPORATION ANNUAL REPORT


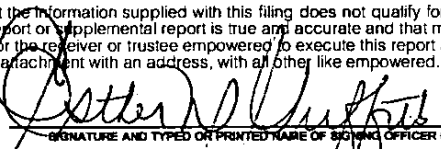
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Apr 03, 2006 8:00 am
Secretary of State

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02272006 Chg-P CR2E034 (11/05)

DOCUMENT # P92000001386			
1. Entity Name WELCOME HOME GIFTS, INC.			
Principal Place of Business 7049 W BROWARD BLVD PLANTATION, FL 33317 US		Mailing Address 7049 W BROWARD BLVD PLANTATION, FL 33317 US	
2. Principal Place of Business 6909 West Broward Blvd.		3. Mailing Address 6909 W. Broward Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation FL	
Zip 33317	Country USA	Zip 33317	Country USA
4. FEI Number 65-0369179		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIFFITHS, ESTHER M 120 W TROPICAL WAY PALNTATION, FL 33317		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 registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ESTHER M. GRIFFITHS 120 W TROPICAL WAY PLANTATION, FL <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
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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: 		3/31/06 954-791-5922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ESTHER M. GRIFFITHS, PRESIDENT		<small>Date Daytime Phone #</small>	