2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2006 08:00 AM **Secretary of State DOCUMENT # P93000048182** LAKELAND FINE JEWELERS, INC. Mailing Address Principal Place of Business 3427 SOUTH FLORIDA AVENUE 3427 SOUTH FLORIDA AVENUE LAKELAND, FL 33803-4548 LAKELAND, FL 33803-4548 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3198906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAHN, JEFFREY A DO NOT WRITE 3427 SOUTH FLORIDA AVENUE LAKELAND, FL 33803-4548 IN THIS SPACE 3. 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. CATE 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, 2006 Fee will be \$550.00 Etection Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KAHN, JEFFREY A NAMS STREET ADDRESS 3427 S FLORIDA AVE LAKELAND, FL 338034548 CITY-ST-ZIP FIFLE KAHN, ELLEN R NAME 000000435375 02/25/06-80038-025 150.00 3427 S FLORIDA AVE STREET ADDRESS LAKELAND, FL 338034548 CITY-SI-JIP MALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE NAME STREET ADDRESS City-57-719 RILE NAME STREET ADDRESS CITY-ST-ZIP ME NAME

12. Thereby certify that the information supplied with this liting 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 507, 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:

STREET ADDRESS CRY-ST-ZIP

M. A. K. Jeffey A. Kahn
Joffed on Printed NAME OF SIGHING OFFICER ON DIRECTOR

2/10/06

FILED