2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# P94000086176

Entity Name: MULBERRY STREET GIFT AND SPECIALTY SHOPPE, INC.

Current Principal Place of Business:

220 N. WASHINGTON
MONTICELLO, FL 32344

New Principal Place of Business:

1321 MANORHOUSE DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

P.O. BOX 460
MONTICELLO, FL 32345 US

New Mailing Address:

1321 MANORHOUSE DRIVE
TALLAHASSEE, FL 32312

FEI Number: 59-3281781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMSON, NORMA J
1321 MANOR HOUSE DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

FRAZEE, NORMA J
1321 MANOR HOUSE DR
TALLAHASSEE, FL 32312 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: NORMA JEAN FRAZEE 04/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMSON, NORMA J
Address: P.O. BOX 460
City-St-Zip: MONTICELLO, FL 32345

Title: D ( ) Delete
Name: OLIPHANT, SHARON
Address: 12897 LOIS AVENUE
City-St-Zip: SEMINOLE, FL 337761806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FRAZEE, NORMA J
Address: 1321 MANORHOUSE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: O (X) Change ( ) Addition
Name: OLIPHANT, SHARON L
Address: 12897 LOIS AVENUE
City-St-Zip: SEMINOLE,, FL 33776

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: SHARON LAVONNE OLIPHANT O 04/13/2008
Electronic Signature of Signing Officer or Director Date