


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000023712
 1. Entity Name
 PENELOPE'S CONSIGNMENT BOUTIQUE, INC.



Principal Place of Business Mailing Address
 630 S THIRD ST 630 S THIRD ST
 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE



02262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3310622 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, PARKER B
 13000 SAWGRASS VILLAGE CIR
 SUITE 16
 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ALLEN, PENNY
STREET ADDRESS	233 S ROSCOE BLVD
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	ALLEN, PENNY
STREET ADDRESS	233 S ROSCOE BLVD
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000562013
 05/19/06-80038-013 150.00

DO NOT WRITE IN THIS SPACE

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: *Penelope M. Allen* 4/30/06 (904) 249-4768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #