


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90216 012 \*\*\*150.00

<b>DOCUMENT # P95000025889</b>	
1. Entity Name ONLY GIFT WRAP, INC	

Principal Place of Business 5050 TOWN CENTER CIR. SUITE 203 BOCA RATON, FL 33486	Mailing Address 5050 TOWN CENTER CIR. SUITE 203 BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0573538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  FRIEDLANDER, PAULINE <del>6662 VILLA SUNRISE DR, 329</del> 17262 Boca Raton Blvd BOCA RATON, FL 33433 <del>33433</del> #2405 Boca Raton, FL 33487	<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Pauline Friedlander</u> 4/20/06	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLANDER, PAULINE <del>6662 VILLA SUNRISE DR, 329</del> 17262 Boca Raton Blvd BOCA RATON, FL 33433 <del>33433</del> #2405 Boca Raton, FL 33487
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**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: <u>[Signature]</u>	4/20/06 5761-393-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #