2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055872

FILED Jan 19, 2004 Secretary of State

Entity Name: LYNN SAFILIAN HOME ACCESSORIES AND GIFTS, INC. **New Principal Place of Business: Current Principal Place of Business:** 4310 W HILLSBORO BLVD COCONUT CREEK, FL 33073 US **Current Mailing Address: New Mailing Address:** PO BOX 97-0403 COCONUT CREEK, FL 330970403 US FEI Number: 65-0604247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAFILIAN, JAMES H. SAFILIAN, JAMES H. 7220 MANDARIN DR 7220 MANDARIN DR SUITE 227 BOCA RATON, FL 33433 US BOCA RATON, FL 33433 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: 01/19/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SAFILIAN, JAMES H. Name: Name: 7220 MANDARIN DR Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: () Delete Title: VTS Title: () Change () Addition Name: SAFILIAN, LYNN Name: 7220 MANDARIN DR Address: Address: BOCA RATON, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES H. SAFILIAN PD 01/19/2004