2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055872

FILED Jun 05, 2007 Secretary of State

Entity Name: LYNN SAFILIAN HOME ACCESSORIES AND GIFTS, INC.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	DARIN DRIVE ON, FL 33433	US		
Current Ma	ailing Address	:	New Mailing Address	::
	DARIN DRIVE ON, FL 33433	US		
El 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	Name and Address of New Registered Agent:	
SAFILIAN,	JAMES H. DARIN DR			
	ON, FL 33433	US		
BOCA RAT The above			ourpose of changing its registered	d office or registered agent, or both,
BOCA RAT The above	named entity su of Florida.		ourpose of changing its registered	d office or registered agent, or both,
BOCA RAT The above n the State	named entity su of Florida. RE:			d office or registered agent, or both, Date
BOCA RAT The above n the State SIGNATUR n accordance	named entity su of Florida. RE: Electronic se with s. 607.193(ubmits this statement for the posterior control of the posterior construction of the posterior control of the posterior c	ent	
BOCA RAT The above n the State SIGNATUR n accordance Election Can	named entity su of Florida. RE: Electronic se with s. 607.193(ubmits this statement for the positions of Registered Age (2)(b), F.S., the corporation did not restrict the contribution ().	ent ot receive the prior notice.	
BOCA RAT The above n the State SIGNATUR n accordance Election Can	named entity sure of Florida. RE: Electronic se with s. 607.193(apaign Financing S AND DIRECT	ubmits this statement for the positions of Registered Age (2)(b), F.S., the corporation did not rust Fund Contribution (). ORS: Delete S.H. DR	ent of receive the prior notice. ADDITIONS/CHANGE	Date

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: JAMES H. SAFILIAN PD 06/05/2007