


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90025 034 ***150.00

DOCUMENT # P95000058649	
1. Entity Name PAULA'S PLACE, INC.	

Principal Place of Business 13600 US HWY 1 #7 SEBASTIAN FL 32958 US	Mailing Address 12880 91ST STREET FELLSMERE FL 32948 US
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2. Principal Place of Business <i>13600 US Hwy 1</i>	3. Mailing Address <i>12880 91st St</i>
Suite, Apt. #, etc. <i>Unit 7</i>	Suite, Apt. #, etc.
City & State <i>Sebastian FL</i>	City & State <i>Fellsmere FL</i>
Zip <i>32958</i>	Zip <i>32948</i>
Country <i>USA</i>	Country <i>USA</i>

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0593050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, PAULA 12880 91ST STREET FELLSMERE FL 32948	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LANE, PAULA L 12880 91ST STREET FELLSMERE FL 32948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paula Lane* 3/12/06 772-584-1530