## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P95000071656**

1. Entity Name

BOUTIQUE UNIQUE, INC.



US

**FILED** Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

200 1ST STREET

200 1ST STREET

SUITE #A

NEPTUNE BEACH, FL 32266

SUITE #A

NEPTUNE BEACH, FL 32266

01182006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3337128

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENDALL, KAE 1505 BIG TREE ROAD NEPTUNE BEACH, FL 32266

SIGNATURE: \_

## 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.  Spinature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when rethinkabling)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			* *
NAME STREET ADDRESS CITY-ST-ZIP	PS KENDALL, KAE 1505 BIGTREE RD. NEPTUNE BEACH, FL 32266	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000482802 02/03/06-80022-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>3</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 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.					