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

## Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # P96000052910 1. Entity Name PELICAN COVE GIFTS, INC. Malling Address Principal Place of Business 6300 GULF BLVD. 1125 LODESTAR DR SAINT PETERSBURG, FL 33706 HOLIDAY, FL 34690 US CR2E034 (11/05) No Cho-P 03112006 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3383874 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EBERT, ARTHUR 1125 LODESTAR DR HOLIDAY, FL 34690 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 Signature, typed or printed name of recistored egent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE EBERT, ARTHUR NAME 1125 LODESTAR DR U00000485203 04/12/06-80075-001 150.00 STREET ADDRESS CITY-ST-ZIP HOLIDAY, FL 34690 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS City-St-737

12. I hereby certify that the information supplied with this filing does not quality 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

**FILED**