2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # P96000055710 1. Entity Name CHRISTINE'S, INC. Mailing Address Principal Place of Business 612 NO. ORANGE AVENUE STE C-6 1061 E INDIANTOWN STE 110 JUPITER, FL 33458 JUPITER, FL 33477 CR2E034 (11/05) 04142006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0674663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, JOHN W DO NOT WRITE 612 NO. ORANGE AVENUE STE C-6 JUPITER, FL 33458 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, typed or printed name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MILLER, JOHN W 612 N ORANGE AVE STE C-6 STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP U00000531953 05/06/06-80065-010 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 trusteelegy powered 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 attach with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST- ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED