## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2007 8:00 am Secretary of State DOCUMENT # P96000058814 04-05-2007 90136 003 \*\*\*150.00 1. Entity Name GIFTWEB.COM, INC. Principal Place of Business Mailing Address 1650 ₩ 32ND PLACE 2326 W. 78 F ST. 40000100 1650 W 32ND PLACE 2326 ω. 78 P. S.T. HIALEAH, FL 33012 HIALEAH FL 33016 HIALEAH, FL 33012 HYALOAF FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0683999 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLAKE, MORTON** 2326 W. 78 P. STREET. Street Address (P.O. Box Number is Not Acceptable) 1650 W 32ND PLACE HIALEAH FL 33016 HIALEAH, FL 33012 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change Addition MORTON BLAKE NAME NAME 832-15TH-ST, APT 2 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 OK CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE [ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TITLE [ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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. MORTON BLAKE president 4/8/07 SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED