


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90010 008 ***150.00

| | |
|---|---|
| DOCUMENT # P96000070948 |  |
| 1. Entity Name INNOVATION SPECIAL GIFTS, INC. | |

| | |
|---|---|
| Principal Place of Business 5780 MAJOR BOULEVARD, SUITE 312 ORLANDO, FL 32819 | Mailing Address 5780 MAJOR BOULEVARD, SUITE 312 ORLANDO, FL 32819 |
|---|---|

40025869



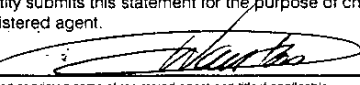
| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 5157 INTERNATIONAL DR | 3. Mailing Address 5157 INTERNATIONAL DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02122007 Chg-P CR2E034 (12/06)

| | | | |
|---|-----------------------------------|------------------------------------|-------------------------------|
| City & State ORLANDO FL | City & State ORLANDO FL | 4. FEI Number 59-3401346 | Applied For Not Applicable |
| Zip 32819 | Country USA | Zip 32819 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SANTOS, ANTONIO 5780 MAJOR BOULEVARD, SUITE 312 ORLANDO, FL 32819 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5157 INTERNATIONAL DR City ORLANDO FL Zip Code 32819 |
|---|---|

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.

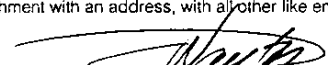
SIGNATURE  DATE **2/20/07**

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

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SANTOS, ANTONIO 5780 MAJOR BOULEVARD, SUITE 312 ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5157 INTERNATIONAL DR ORLANDO, FL 32819 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE:  DATE **2/20/07** 407 226-3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR