


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-24-2006 90002 038 ***150.00

DOCUMENT # P96000074634		
1. Entity Name BRIDAL SUITE OF FLORIDA, INC.		
Principal Place of Business 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 US	Mailing Address 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARVELLI, THOMAS 445 29TH CT SW VERO BEACH VERO BEACH, FL 32968 <i>Same</i> <i>No change</i>		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 <i>[Signature]</i> DATE <i>7-30-06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVELLI, JANE E. 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, CARVELLI 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952	
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TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>772-335-5100</i> <small>Date Daytime Phone #</small>

66023101



06172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0696577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

ATTACHMENT 66023101

#096000074634

Bridal Suite of Port St. Lucie

1020 S.E. Port Saint Lucie Blvd.

Port St. Lucie, Fl 34952

Phone: (772) 335-5500 Fax: (772) 335-9698

Email: bridal suite@bellsouth.net

Website: bridalsuite.net

To Whom it may concern,

I spoke with Mr. T Scott in your office, on 8/10/06. He advised me to send a letter stating that we did not receive our Corporation Annual Report package to renew our business report from the state this year. The only thing we received was the late notice. When I called I was instructed to just send in the 150.00 dollar fee. Also there are no changes to our report. I signed the wrong box. Should you have any question please contact me.

Thank You
Thomas Carvelli
V.P. Bridal Suite