


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000074634</b>	
<b>1. Entity Name</b> BRIDAL SUITE OF FLORIDA, INC.	

<b>Principal Place of Business</b> 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 US	<b>Mailing Address</b> 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952 US
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01202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0698577	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CARVELLI, THOMAS  
445 29TH CT SW  
VERO BEACH  
VERO BEACH, FL 32968

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$350.00**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P CARVELLI, JANE E 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, CARVELLI 1020 PORT ST. LUCIE BLVD. PORT SAINT LUCIE, FL 34952
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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01/26/07-80008-018 150.00

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**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:**  **772-335-1-20-07** **5500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #