

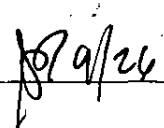



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000033183			
1. Entity Name COFFEE GIRL, INC.			
Principal Place of Business 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 US		Mailing Address 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 US	
2. Principal Place of Business 389 S.W. LAKE FOREST WAY Suite, Apt. #, etc.		3. Mailing Address 389 S.W. LAKE FOREST WAY Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL Zip 34986 Country USA		City & State PORT ST. LUCIE, FL Zip 34986 Country USA	
4. FEI Number 65-0748583		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMPERT, JEFFREY B ESQ. 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name: LISA M. PARSONS Street Address (P.O. Box Number is Not Acceptable) 389 S.W. LAKE FOREST WAY City: PORT ST. LUCIE FL Zip Code: 34986	
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: 		8-22-06 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, LISA 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P ST LISA M. PARSONS 389 S.W. LAKE FOREST WAY PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, LISA 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <input checked="" 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	PV PARSONS, LISA 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <input checked="" 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	S/T PARSONS, LISA 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <input checked="" 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 all other fid empowered.			
SIGNATURE: 		9-21-06 DATE Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50026629

08182006 Chg-P CR2E034 (11/05)