


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90412 015 ***150.00

DOCUMENT # P97000055738

1. Entity Name
 ANTIQUE JEWELS BY PAULA, INC.



Principal Place of Business
 3 N FEDERAL HWY
 DANIA, FL 33004

Mailing Address
 113 JOY ROAD
 WOODSTOCK, CT 06281

40059662



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 48 MILL BROOK LAVE
 Suite, Apt. #, etc.

03302006 Chg-P CR2E034 (11/05)

City & State
 WOODSTOCK, CT 06281

4. FEI Number
 65-0770057

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 KESSLER, ELLIOT
 4020 SHERIDAN ST
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 _____ 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D SCHIMMEL, PAULA 113 JOY ROAD WOODSTOCK, CT 06281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 48 MILLBROOK LAVE WOODSTOCK, CT 06281
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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: Paula Schimmel - PAULA SCHIMMEL 4-18-06 860-974-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #