2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000007380

1. Entity Name
ORIGINAL PERSONALIZED GIFTS, INC.

Principal Place of Business	Mailing Address
21079 ESCONDIDO WAY BOCA RATON, FL 33433	21079 ESCONDIDO WAY BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

04052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0807886	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MARK CPA
5001 S. UNIVERSITY DRIVE
#A
DAVIE, FL 33328

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U000000255070
04/09/05--80013-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LEEFAR, MARCY
STREET ADDRESS	21079 ESCONDIDO WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	LEEFAR, ANDREW
STREET ADDRESS	21079 ESCONDIDO WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

S61--

SIGNATURE: _Marcy Leefar_   Marcy Leefar   April 6 2005   477 5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #