2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-17-2004 90012 046 ***150.00

DOCUMENT # P98000048073

1. Entity Name

TOP THIS UNIQUE GIFTS, INC.

Principal Place of Business	Mailing Address
TOP THIS UNIQUE GIFTS, INC. 209-5TH AVE S.E. MOULTRIE GA 31768	209-5TH AVE S.E. MOULTRIE GA 31768

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3522399 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'AMBRA, JOANN ~~809 E BLOOMINGDALE AVE~~ ~~STE 236~~ ~~BRANDON FL 33511~~	Name Street Address (P.O. Box Number is Not Acceptable) 5940-30th Ave. S. City Gulfport FL 33707

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P JOANN, D'AMBRA 809 E BLOOMINGDALE AVE BRANDON FL 33511	☐ Delete please change address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 5940-30th Ave. S. Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'AMBRA, JOHN 809 E BLOOMINGDALE AVE BRANDON FL 33511	☐ Delete please change address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 209-5th Ave. S.E. Moultrie, GA 31768
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Joann D'Ambra JoAnn D'Ambra — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-12-04 Daytime Phone #: (229) 890-7513