

*Am 10*  
**2005 FOR PROFIT CORPORATION  
2006 ANNUAL REPORT (AR)**

DOCUMENT # P99000009815

1. Entity Name

TREASURE ISLAND JEWELERY, INC.



Principal Place of Business

405 EAGLE RIDGE DRIVE  
EAGLE RIDGE MALL  
LAKE WALES FL 33859

Mailing Address *TREASURE ISLAND JR*

405 EAGLE RIDGE DRIVE  
EAGLE RIDGE MALL  
LAKE WALES FL 33859

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

59-3557475

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALI, AMIR — *TREASURE ISLAND JEWELRY*  
405 EAGLE RIDGE DRIVE  
LAKE WALES FL 33859

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

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  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additior
NAME	ALI, AMIR — <i>TREASURE ISLAND JEWELRY</i>		NAME	
STREET ADDRESS	405 EAGLE RIDGE DR.		STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33859 33859		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additior
NAME	ALI, NASREEN — <i>TREASURE ISLAND JEWELRY</i>		NAME	
STREET ADDRESS	405 EAGLE RIDGE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33859 33859		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additior
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additior
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additior
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/10/06

1837679-8989

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90333 006 \*\*\*158.75

ATTACHMENT

5.00.10.521  
#P99000004815

