


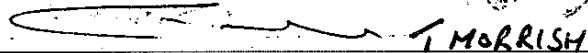
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90204 012 \*\*\*150.00

**40024639**



<b>DOCUMENT # P99000073470</b>					
1. Entity Name <b>GISELLE JAMES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2942 PEMBRIDGE STREET KISSIMMEE, FL 34747</b>			Mailing Address <b>2942 PEMBRIDGE STREET KISSIMMEE, FL 34747</b>		
2. Principal Place of Business		3. Mailing Address <b>%NANCY A. MCALARNEY, INC.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. BOX 432163</b>		02092005 Chg-P CR2E034 (10/03)	
City & State		City & State <b>KISSIMMEE, FL</b>		4. FEI Number <b>59-3644082</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34742-3163</b>		Country			
6. Name and Address of Current Registered Agent <b>MCALARNEY, NANCY 1002 PARK PLACE BLVD BUILDING B SUITE 3 KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>102 PARK PLACE BLVD</b>		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MORRISH, TERENCE J</b>	NAME			
STREET ADDRESS	<b>2942 PEMBRIDGE STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE, FL 34747</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE (X) 		(X) <b>02-23-2005</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			