








# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90044 022 \*\*\*150.00

<b>DOCUMENT # S52212</b> 1. Entity Name <b>COVER GALS INC.</b>					
Principal Place of Business <b>11077 INDIAN LAKE CIRCLE BOYNTON BEACH, FL 33437</b>			Mailing Address <b>C/O COMPUKEEPER 1446 NW 2ND AVE., STE. 105 BOCA RATON, FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>65-0260606</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
6. Name and Address of Current Registered Agent  <b>FRANKLIN, PEGGY 11077 INDIAN LAKE CIRCLE BOYNTON BEACH, FL 33437</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 May Be Added to Fees</b>		<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
10. OFFICERS AND DIRECTORS					
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>FRANKLIN, PEGGY</b> STREET ADDRESS <b>11077 INDIANLAKE CIRCLE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>COMPETIELLO, ROSE A.</b> STREET ADDRESS <b>11077 INDIAN LAKE CIRCLE</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		<div style="font-size: 24px; font-weight: bold;">40000133</div>  <div style="font-size: 12px; margin-top: 10px;">           01132005    Chg-P    CR2E034 (10/03)         </div>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <b>X Rose Competiello</b> Rose Competiello, Dir    1/13/05    561-742-8272 <div style="font-size: 10px; margin-top: 5px;">           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #         </div>					