

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 003 ***150.00

DOCUMENT # S52212 1. Entity Name COVER GALS INC.					
Principal Place of Business 11077 INDIAN LAKE CIRCLE BOYNTON BEACH, FL 33437				Mailing Address C/O COMPUKEEPER 1446 NW 2ND AVE., STE. 105 BOCA RATON, FL 33432	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o CompuKeeper Inc. Suite, Apt. #, etc. 2298 NW 2nd Ave. #20			
City & State Zip Country		City & State Boca Raton, FL Zip Country 33431 USA		01272006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0260606				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKLIN, PEGGY 11077 INDIAN LAKE CIRCLE BOYNTON BEACH, FL 33437					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, PEGGY		NAME		
STREET ADDRESS	11077 INDIANLAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPETIELLO, ROSE A.		NAME		
STREET ADDRESS	11077 INDIAN LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Rose A. Competello</i> X <i>Rose A. Competello</i> 2/23/06 561-389-9787					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					