

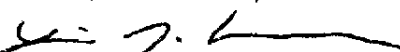


**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V58252</b> 1. Entity Name <b>ELAINE'S CARDS AND GIFTS, INC.</b>				<b>Apr 11, 2006 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>321 N UNIVERSITY DRIVE C5B PLANTATION, FL 33324 US</b>		Mailing Address <b>321 N UNIVERSITY DRIVE C5B PLANTATION, FL 33324 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				04052006 No Chg-P CR2E034 (11/05)	
				4. FEI Number <b>65-0353971</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONDEFF, LOUIS J 1900 OAKMART TERRACE CORAL SPRINGS, FL 33071</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D CONDEFF, LOUIS 1900 OAKMONT TERRACE CORAL SPRINGS, FL 33071			
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TITLE NAME STREET ADDRESS 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: 				4/6/06 954-452-1972	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	