

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70223

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: PARADIES GIFTS, INC.

**Current Principal Place of Business:**

2585 CLARK ST  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 681788  
ORLANDO, FL 32868 US

**New Mailing Address:**

FEI Number: 59-3145872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLAKE, PHILIP E.  
259 MINORCA BEACH WAY  
# 703  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: BLAKE, PHILIP E.,  
Address: 259 MINORCA BEACH WAY # 703  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD ( ) Delete  
Name: BLAKE, STEPHEN N  
Address: 2428 VIA GENOVA  
City-St-Zip: APOPKA, FL 32712

Title: VPD ( ) Delete  
Name: ULIANO, DENNIS  
Address: 1044 BEARDED OAKS TERR  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: BLAKE, JOEL  
Address: 601 BLUE LAKE DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP E BLAKE

DS

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date