## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V70223

BLAKE, JOEL

3383 FERNLAKE PLACE

LONGWOOD, FL 32779

Name:

Address:

City-St-Zip:

FILED Jan 17, 2009 Secretary of State

**Entity Name:** PARADIES GIFTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2585 CLARK ST 2305 W AIRPORT BLVD APOPKA, FL 32703 SANFORD, FL 32771 US **Current Mailing Address: New Mailing Address:** P O BOX 681788 ORLANDO, FL 32868 US FEI Number: 59-3145872 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLAKE, PHILIP E 259 MINORCA BEACH WAY #703 NEW SMYRNA BEACH, FL 32169 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition BLAKE, PHILIP E., Name: Name: 259 MINORCA BEACH WAY # 703 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: PD (X) Delete Title: () Change () Addition Name: BLAKE, STEPHEN N Name: 2428 VIA GENOVA Address: Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip: Title: VPD Title: (X) Change ( ) Addition ( ) Delete ULIANO, DENNIS Name: ULIANO, DENNIS Name: 1044 BEARDED OAKS TERR 1044 BEARDED OAKS TERR Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779 Title: VPD () Delete Title: ST (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

BLAKE, JOEL

3383 FERNLAKE PLACE

LONGWOOD, FL 32779

SIGNATURE: DENNIS ULIANO P 01/17/2009