

|                                                                                                                                                        |                |                                                                                                                                                                                 |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 100587</b>                                                                                                                                    |                | <b>Due no later than Dec 31, 2010</b>                                                                                                                                           |          | <b>2. Registered Agent and Address (NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHRISTIAN GIFT CENTER, INC.<br>CLAY WHITE<br>914 21ST ST<br>LEWISTON ID 83501 |          | CLAY WHITE<br>914 21ST ST<br>LEWISTON ID 83501     |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                 |          | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                                 |          |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                            | City     | State                                              | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | YVONNE S WHITE | 7681 AMBERVIEW CT.                                                                                                                                                              | LEWISTON | ID                                                 | USA     | 83501       |  |
| PRESIDENT                                                                                                                                              | CLAY WHITE     | 7681 AMBERVIEW CT.                                                                                                                                                              | LEWISTON | ID                                                 | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 100587</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Clay White<br>Name (type or print): Clay White<br>Date: 12/19/2010<br>Title: President                                          |          |                                                    |         |             |  |
| Processed 12/19/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                       |          |                                                    |         |             |  |