


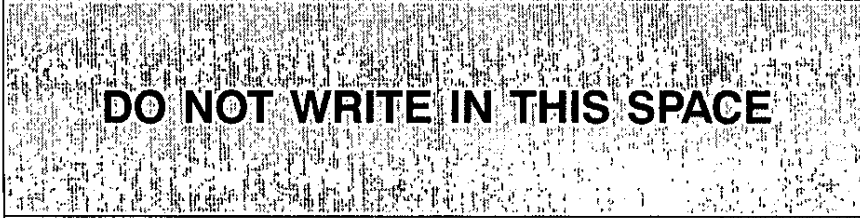

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000001676  
 1. Entity Name  
 THE COTTON PATCH FASHIONS, INCORPORATED



Principal Place of Business      Mailing Address  
 3706 JARRETTSVILLE PIKE      3706 JARRETTSVILLE PIKE  
 JARRETTSVILLE, MD 21084      JARRETTSVILLE, MD 21084

02282008      No Chg-P      CR2E034 (11/05)

4. FEI Number 52-2174105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.  
 12765 FOREST HILL BLVD, STE 1302  
 WELLINGTON, FL 33414



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 \_\_\_\_\_

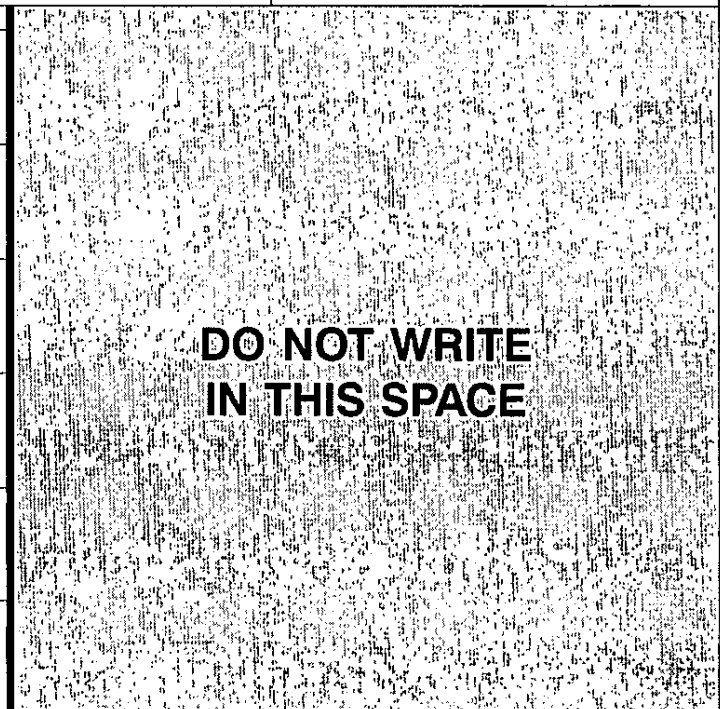
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000856570  
 03/28/08-80017-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ANDRISANI, LINDA J 12869 MEADOWBREEZE DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Linda J. Andrisani* LINDA J. ANDRISANI      3/11/08      561-386-8668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #