


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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|---|---|
| DOCUMENT # L04000073210 1. Entity Name KWIK STITCH ALTERATIONS, LLC |  |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 JUN -7 AM 8:37

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| Principal Place of Business 4301 ANCHOR PLAZA PARKWAY, SUITE 300 TAMPA FL 33634 | Mailing Address 4301 ANCHOR PLAZA PARKWAY, SUITE 300 TAMPA FL 33634 |
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| 2. Principal Place of Business 8374 Market Street Suite, Apt. #, etc. #162 | 3. Mailing Address 8374 Market St. Suite, Apt. #, etc. #162 |
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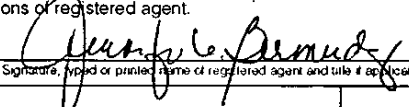
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1st MOORE CR2E083 (10/04)

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| City & State Lakewood Ranch, FL | City & State Lakewood Ranch, FL |
| Zip 34202 Country USA | Zip 34202 Country USA |

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| 4. FEI Number 20-2494831 | Applied For <input type="checkbox"/> Not Applicable |
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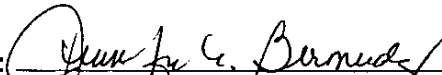
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | 6. Name and Address of Current Registered Agent TULLO, ANDREA T 4301 ANCHOR PLAZA PARKWAY, SUITE 300 TAMPA FL 33634 |
| 7. Name and Address of New Registered Agent Name Jennifer Bermudez Street Address (P.O. Box Number is Not Acceptable) 8374 Market St #162 City Lakewood Ranch FL Zip Code 34202 | 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. |

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| SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 6/2/05 <small>DATE</small> |
|--|---|

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BERMUDEZ, JENNIFER 8374 MARKET STREET, #162 LAKWOOD RANCH FL 34202 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/08/05--90282--022--\$50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Date 6/2/05 | Daytime Phone # 941-581-9534 |
|--|--------------------|-------------------------------------|