

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001827

FILED
Feb 03, 2005
Secretary of State

Entity Name: SPLASH BEACHWEAR INC.

Current Principal Place of Business:

6844 HILLS DR.
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

5844 PORTAL ROAD
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

6844 HILLS DR.
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

5844 PORTAL ROAD
NEW PORT RICHEY, FL 34655 US

FEI Number: 75-3092839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE, MARGARET M
6844 HILLS DR.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

MAI, SUSAN E
5844 PORTAL ROAD
NEW PORT RICHEY, FL 34655 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: SUSAN E MAI

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT (X) Delete
Name: GRACE, MARGARET M
Address: 6844 HILLS DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: MAI, SUSAN
Address: 1990 CAROLINA AVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPST (X) Change () Addition
Name: MAI, SUSAN E
Address: 5844 PORTAL ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: SUSAN E MAI

DPST

02/03/2005

Electronic Signature of Signing Officer or Director

Date