


**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90117 010 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000016662					
1. Entity Name TEE SHIRT PALACE, INC.					
Principal Place of Business 2390 O'CONNELL DR KISSIMMEE, FL 34741		Mailing Address 5192 W. IRLO BRONSON HWY KISSIMMEE, FL 34746			
2. Principal Place of Business - No P.O. Box # 2890 O'Connell DR.		3. Mailing Address 2890 O'Connell DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee Fla.		City & State Kissimmee Fla.		4. FEI Number 04-3740001	
Zip 34741		Country oceola		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34741		Country oceola		04222008 Chg-P CR2E034 (12/06)	
8. Name and Address of Current Registered Agent KESWANI, KESHAV 3231 ARROWHEAD LANE KISSIMMEE, FL-34746			7. Name and Address of New Registered Agent Name Keshwani Keshav Street Address (P.O. Box Number is Not Acceptable) 2890 O'Connell DR. City Kissimmee FL Zip Code 34741		
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's signature is required when reconstituting)					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$350.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TER-SHISH PALACE INC. 2890 O'CONNELL DR KISSIMMEE, FL 34741	<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	
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: _____			Date: 4/22/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		