2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2005. 08:00 AM DOCUMENT # P03000094693 **Secretary of State** LANTANA EMROIDERY STUDIO, INC. Principal Place of Business Mailing Address 5127 WEST HANNA AVENUE 5127 WEST HANNA AVENUE TAMPA, FL 33634 US TAMPA, FL 33634 US 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 86-1079054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDBERG, GLENN DO NOT WRITE 133 FIRST STREET NORTH IN THIS SPACE ST. PETERSBURG, FL 33701 5. 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10, TITLE PINNICK, DEBORAH NAME 10137 BELGRAVE ROAD STREET ADDRESS. TAMPA, FL 33626 CITY-ST-ZP H00000328281 NAME 02/14/05-80034-012 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP EITI F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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.

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

813.249.5311