


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90039 045 ***158.75

DOCUMENT # P05000160053

1. Entity Name
STYLISTIC FUSION, INC.



Principal Place of Business Mailing Address
 16850-112 COLLINS AVENUE, #246 16850-112 COLLINS AVENUE, #246
 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

40045789



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2320 E. Preserve Way **2320 E. Preserve Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
307 **# 307**

03012008 Chg-P CR2E034 (12/06)

City & State City & State
Miramar FL **Miramar FL**
 Zip Country Zip Country
33025 **USA** **33025** **USA**

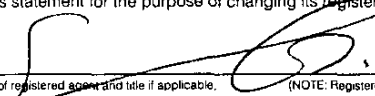
4. FEI Number Applied For
76-0808492 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RILEY, SARAH M
16850-112 COLLINS AVENUE, #246
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name **SARAH GREGORY**
 Street Address (P.O. Box Number is Not Acceptable)
2320 E Preserve Way
307
 City **Miramar** FL Zip Code
33025

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:  DATE: **3/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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

10. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> Delete
NAME	RILEY, SARAH M	
STREET ADDRESS	16850-112 COLLINS AVENUE, #246	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEMP, ALEXIS M	
STREET ADDRESS	16850-112 COLLINS AVENUE, #246	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, SARAH M	
STREET ADDRESS	2320 E PRESERVE WAY # 307	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, ALEXIS M	
STREET ADDRESS	2320 E. PRESERVE WAY # 307	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **3/8/08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40045789
#P05000160053

