


Closed 1-25-03

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000095198

1. Entity Name
FASHION BUG #3389, INC.



FILED
05 MAY 12 PM 3:00
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
1270 NORTH WICKHAM ROAD
MELBOURNE, FL 32935

Mailing Address
3750 STATE ROAD
7B13
BENSALEM, PA 19020



2. Principal Place of Business
3750 State Road
Suite, Apt. #, etc.
Tax Compliance
City & State
Bensalem PA
Zip
19020
Country
Bucks

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

04012005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3031006
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

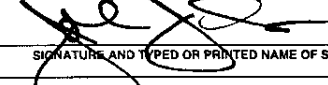
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	0000551880 (Change)	<input type="checkbox"/> Addition	
NAME	SULLIVAN, JOHN			NAME	05/24/05--01041--001	**150.00	
STREET ADDRESS	450 WINKS LN.			STREET ADDRESS			
CITY-ST-ZIP	BENSALEM, PA 19020			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECLER, ERIC			NAME			
STREET ADDRESS	450 WINKS LN.			STREET ADDRESS			
CITY-ST-ZIP	BENSALEM, PA 19020			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUEAK, NEAL			NAME			
STREET ADDRESS	450 WINKS LANE			STREET ADDRESS			
CITY-ST-ZIP	BENSALEM, PA 19020			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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:  John Sullivan 4-25-05 (215)633-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #