2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State
02-24-2006 90007 043 ****61.25

DOCUMENT # N37012

1. Entity Name
HISTORICAL COSTUME MUSEUM, INC.

Principal Place of Business	Mailing Address
4736 NORTH BAY RD. MIAMI BEACH, FL 33140	4736 NORTH BAY RD. MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0197690
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, EDWARD
4736 NORTH BAY RD.
MIAMI BEACH, FL 33140

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, SIR EDWARD
STREET ADDRESS	4736 NORTH BAY RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	PORTER, ANNA L
STREET ADDRESS	4736 NORTH BAY RD.
CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE	D
NAME	PORTER, SIR
STREET ADDRESS	4738 NORTH BAY
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	D
NAME	PORTER, STARR E
STREET ADDRESS	70 UPLAND AVE
CITY-ST-ZIP	MILL VALLEY, CA 94941
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: _____ 2-17-06 3055731971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #