2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 18, 2005 08:00 AM **DOCUMENT # 523839** Secretary of State 1. Entity Name MEREDITH'S BRIDAL SHOP, INC. Principal Place of Business Mailing Address 780 W. NEW HAVEN AVE MELBOURNE FL 32901 780 W. NEW HAVEN AVE MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1728465 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYDER, DAVID Street Address (P.O., Box Number is Not Acceptable) 780 W. NEW HAVEN AVE MELBOURNE FL 32901 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 | 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΫ HitE ☐ Change Delete Addition 1000000234639 NAME RYDER, DAVID NAME 02/18/05-80028-023 150.00 STREET ADDRESS 780 W. NEW HAVEN AVE STREET ADDRESS CITY-ST-ZIP MELBOURNE_FL CHY-SU-ZIP THILE Delete MILE ☐ Change Addition RYDER, MEREDITH MAME NAME 780 W. NEW HAVEN AVE STREET ADDRESS STREET ADDRESS CITY ST ZIP MELBOURNE FL CITY-ST-ZIP 11116 Delete TOTAL Change Addition NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIF HILL ☐ Defete uur Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHF IIILE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP

12. Thereby 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 appears, with all other like empowered.

SIGNATURE:

321-724-2426