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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 525983

1. Corporation Name
DOLL HOUSE, INC.



Principal Place of Business

1308 ROSE BLVD.
STE B
ORLANDO FL 32839
US

Mailing Address

1308 ROSE BLVD.
STE B
ORLANDO FL 32839
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1977

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 5075 South Orange Blossom Tr.

27 Suite, Apt. #, etc.

28 Orlando Florida

29 32839 30 USA

4. FEI Number

59-1732270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JAEGER JOERG
217 E IVANHOE BLVD N
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
Steven M. LaBret

82 Street Address (P.O. Box Number is Not Acceptable)
226 Hillcrest Street

83

84 City
Orlando

FL 85 Zip Code
32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature]

(NOTE: Registered Agent signature required when reinstating)

4/23/99

Signature, typed or printed name of registered agent, and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHURCH, KARRY
STREET ADDRESS 3385 N. FEDERAL HWY
CITY-STATE-ZIP BOKX LAUBERBAKE FL

TITLE S
NAME CHURCH, KARRY
STREET ADDRESS 5230 ST. REGIS PL
CITY-STATE-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P & S
1.2 NAME BOLES, LAIRD M.
1.3 STREET ADDRESS 1308 ROSE BLVD., STE. B
1.4 CITY-STATE-ZIP ORLANDO, FL 32839

2.1 TITLE D
2.2 NAME PETER, MICHAEL J.
2.3 STREET ADDRESS 1308 ROSE BLVD., STE. B
2.4 CITY-STATE-ZIP ORLANDO, FL 32839

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)