2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 Al Secretary of State **DOCUMENT #646420** 1. Entity Name ROCK N' ROLL CUSTOM SCREENED SHIRTS, INC. Principal Place of Business Mailing Address 4590 62ND AVENUE N 4590 62ND AVENUE N PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 US The partie has become No Cha-P CR2E034 (11/05) 03212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1954866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHESON, GEORGE A. DO NOT WRIT **4590 62ND AVENUE N** PINELLAS PARK, FL 33781 IN THIS SPACE The production of the state of the said 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MITCHESON, G. A. NAME STREET ADDRESS 4590 62ND AVENUE N CITY-ST-ZIP PINELLAS PARK, FL 33781 TITLE 000000690287 04/11/07-80069-015-150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #