2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003618

Entity Name: AFTER HOURS FORMALWEAR, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1835 SHAC	CKLEFORD CT SS, GA 30093	or Business.	,		par r race or	Dusmess	•	
	,							
Current Mailing Address:				New Mailing Address:				
1835 SHACKLEFORD CT NORCROSS, GA 30093				5803 GLENMONT DRIVE HOUSTON, TX 77081				
FEI Number:	58-1082350	FEI Number Applied For ()	FEI Numi	ber Not Applic	cable ()	Certificate	of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and A	Address of N	New Regis	stered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324							
The above in the State		ubmits this statement for the pur	pose of	changing its	s registered o	office or req	gistered agent, or both	l,
SIGNATUR	RE:							
	Electronic	Signature of Registered Agent				D	ate	-
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CP ()E HUTH, ROBERT 1001 WASHINGT CONSHOHOCKE	ON ST.	1	Title: Name: Address: City-St-Zip:	CEO (X ZIMMER, GEO 40650 ENCYCI FREMONT, CA	LOPEDIA CII		
Title: Name: Address: City-St-Zip:	CFO () [WALKER, GARY 1835 SHACKLEF NORCROSS, GA	ORD CT	1	Title: Name: Address: City-St-Zip:	VCFO (X DAVIS, NEILL I 5803 GLENMO HOUSTON, TX	NT DRIVE) Addition	
Title: Name: Address: City-St-Zip:	VS ()E BRICKSON, RICH 611 OLIVE STRE SAINT LOUIS, MO	ET	l	Title: Name: Address: City-St-Zip:	P (X BRESLER, PHI 5803 GLENMO HOUSTON, TX	NT DRIVE		
Title: Name: Address: City-St-Zip:	V () [DOERR, MARTIN 611 OLIVE STRE SAINT LOUIS, MO	ET	1	Title: Name: Address: City-St-Zip:	VPAS (X PRUITT, CLAU 5803 GLENMO HOUSTON, TX	NT DRIVE) Addition	
Title: Name: Address: City-St-Zip:	T () [SZAMES, BRIAN 7 WEST SEVENT CINCINNATI, OH	TH STREET	1	Title: Name: Address: City-St-Zip:	VPT (X WILSON, DIAN 5803 GLENMO HOUSTON, TX	NT DRIVE) Addition	
Title: Name: Address: City-St-Zip:	V ()[MAYS, BRADLEY 7 WEST SEVENT CINCINNATI, OH	TH STREET	l ,	Title: Name: Address: City-St-Zip:	S (X CONLON, MICH 1301 MCKINNE HOUSTON, TX	EY, SUITE 5°	,	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA A PRUITT VPAS 04/26/2007