


Closed 7-27-02

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27412 1. Entity Name FASHION BUG OF MERRITT ISLAND, INC.	#377	
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Principal Place of Business 325A E. MERRITT ISLAND CAUSWAY MERRITT ISLAND, FL 32952	Mailing Address 450 WINKS LANE BENSALEM, PA 19020
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2. Principal Place of Business 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020	3. Mailing Address 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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X

FILED

05 MAY -9 PM 3:11

SECRET
TALLAHASSEE, FLORIDA



04012005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2361011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SPECTER, ERIC <input type="checkbox"/> Delete STREET ADDRESS 450 WINKS LANE CITY - ST - ZIP BENSALEM, PA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE	S SULLIVAN, JOHN J <input type="checkbox"/> Delete STREET ADDRESS 450 WINKS LANE CITY - ST - ZIP BENSALEM, PA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900055188339 05/24/05--01041--007 **150.00
TITLE	VD GLUEAK, NEAL <input type="checkbox"/> Delete STREET ADDRESS 450 WINKS LANE CITY - ST - ZIP BENSALEM, PA 19020	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 an address, with all other like empowered.

SIGNATURE:  **John Sullivan** 4-25-05 (215) 633-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #