

Closed 7-27-02

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

05 MAY -9 PM 3:11


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 Chg-P CR2E034 (10/03)

DOCUMENT # H27412 #377

1. Entity Name
FASHION BUG OF MERRITT ISLAND, INC.



Principal Place of Business: 325A E. MERRITT ISLAND CAUSWAY, MERRITT ISLAND, FL 32952

Mailing Address: 450 WINKS LANE, BENSALEM, PA 19020

2. Principal Place of Business: 3750 State Road

3. Mailing Address: 3750 State Road

Tax Compliance City & State: Bensalem PA

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Zip: 19020 Country: Bucks

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4. FEI Number: 23-2361011

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME	P SPECTER, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS	450 WINKS LANE	
CITY - ST - ZIP	BENSALEM, PA	
TITLE NAME	S SULLIVAN, JOHN J	<input type="checkbox"/> Delete
STREET ADDRESS	450 WINKS LANE	
CITY - ST - ZIP	BENSALEM, PA	
TITLE NAME	VD GLUEAK, NEAL	<input type="checkbox"/> Delete
STREET ADDRESS	450 WINKS LANE	
CITY - ST - ZIP	BENSALEM, PA 19020	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9000551883-33	
CITY - ST - ZIP	05/24/05--01041--007 **150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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* Date: 4-25-05 Daytime Phone #: (215) 633-4883