

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27412

FILED
Apr 18, 2006
Secretary of State

Entity Name: FASHION BUG OF MERRITT ISLAND, INC.

Current Principal Place of Business:

3750 STATE ROAD
TAX COMPLIANCE
BENSALEM, PA 19020

New Principal Place of Business:

3750 STATE ROAD
BENSALEM, PA 19020

Current Mailing Address:

3750 STATE ROAD
TAX COMPLIANCE
BENSALEM, PA 19020

New Mailing Address:

3750 STATE ROAD
BSC TAX DEPT
BENSALEM, PA 19020

FEI Number: 23-2361011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPECTER, ERIC
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA

Title: S () Delete
Name: SULLIVAN, JOHN J
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA

Title: VD () Delete
Name: GLUEAK, NEAL
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: SULLIVAN, JOHN J
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA

Title: DVP (X) Change () Addition
Name: GLUECK, NEAL
Address: 3750 STATE RD
City-St-Zip: BENSALEM, PA 19020

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: NEAL GLUECK

DVP

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date