


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 011 ***150.00

DOCUMENT # H83336	482	
1. Entity Name FASHION BUG OF PALM HARBOR, INC.		

Principal Place of Business 30669 US HWY 19 N. PALM HARBOR, FL 34684 US	Mailing Address 450 WINKS LN CORPORATE TAX BESALEM, PA 19020 US
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50046990



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2519028	Applied For Not Applicable
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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	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 _____
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	VP	TITLE	
NAME	SULLIVAN, JOHN J	NAME	
STREET ADDRESS	450 WINKS LANE	STREET ADDRESS	
CITY-ST-ZIP	BENSALEM, PA	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	SPECTER, ERIC	NAME	
STREET ADDRESS	450 WINKS LANE	STREET ADDRESS	
CITY-ST-ZIP	BENSALEM, PA	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	GLUEAK, NEAL	NAME	
STREET ADDRESS	450 WINKS LANE	STREET ADDRESS	
CITY-ST-ZIP	BENSALEM, PA 19020	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** **4-25-05** **(215)633-4883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #