


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90097 024 ***150.00

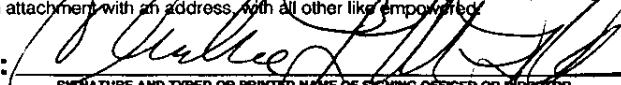
DOCUMENT # J65559			
1. Entity Name T-SHIRT CELLAR, INC.			
Principal Place of Business 14600 FRONT BEACH RD PANAMA CITY BEACH, FL 32413 US 250 ESCANABA AVE		Mailing Address 250 ESCANABA AVE P.O. BOX 14061 PANAMA CITY BEACH, FL 32413 US	
2. Principal Place of Business - No P.O. Box # 250 ESCANABA AVE		3. Mailing Address 250 ESCANABA AVE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State PANAMA CITY BEACH FL		City & State PANAMA CITY BEACH FL	
Zip 32413	Country USA	Zip 32413	Country USA
4. FEI Number 59-2779696		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCLAUGHLIN, CHRISTINE L. 250 ESCANABA ST. PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, CHRISTINE L. 250 ESCANABA ST. PANAMA CITY BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **CHRISTINE MCLAUGHLIN** 850-234-5779
 Date: **2-2-07** Daytime Phone #