2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2008 08:00 AM Secretary of State

	ANNUAL	KEFUKI				<i>5</i>	. ,	
DOCUMENT # J98003 1. Entity Name BRIDAL CREATIONS BY J & E, INC.				-				
Principal Place of Business 5919 TROUBLE CREEK RD. SUITE 3 NEW PORT RICHEY, FL 34652		Mailing Address 5919 TROUBLE CREEK RD. SUITE 3 NEW PORT RICHEY, FL 34652			1 14 16 17 18 18 18 18 18 18 18	PAR OFFE FIRE THA IN		
D	O NOT WRITE	IN THIS SPA	CE	01112008 4. FEI Number 59-28503 5. Certificate of S	No Chg-P	CR2E034 (11/	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent ROCK, DANIEL P. 1 EAST MAIN STREET NEW PORT RICHEY, FL				DO NOT WRITE IN THIS SPACE				
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, hyper or printed no the of registered agent and bills if applicable. (NOTE: Registered Agent symptom requires when reinclains) DATE								
FILE NOW: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D RACHMIEL, JOAN 6302 6TH AVE NEW PORT RICHEY, FL 34653	RECTORS			01/18/0	007788204 9-90032+01	ri 150.00	
TITLE NAME STREET AUURESS CITY-ST-ZIP			- - !	DO N	OT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIH				IN TI	HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE ' NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling 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 emptwered 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 acturest, with all affine, like empowered.

SIGNATURE:

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

PAX5 Date DO - 727-842-DO