
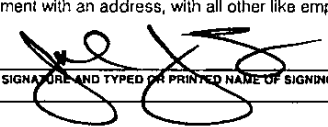


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90141 009 \*\*\*150.00

<b>DOCUMENT # K05866</b> 1. Entity Name <b>FASHION BUG #656, INC.</b>					
Principal Place of Business <b>1214 K. CAPITAL SE CIR. CORP. TAX DEPT. TALLAHASSEE, FL 32031 US</b>			Mailing Address <b>450 WINKS LN CORPORATE TAX BENSALEM, PA 19020 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>3750 State Road</b> Suite, Apt. #, etc.		
City & State			<b>Tax Compliance</b> City & State <b>Bensalem PA</b>		
Zip		Country		Zip <b>19020</b>	
City & State		Country		City <b>Bucks</b>	
4. FEI Number <b>23-2519481</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	V <b>SULLIVAN, JOHN I</b> <b>450 WINKS LANE</b> <b>BENSALEM, PA 19020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SPECTER, ERIC</b> <b>450 WINKS LANE</b> <b>BENSALEM, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GLUEAK, NEAL</b> <b>450 WINKS LANE</b> <b>BENSALEM, PA 19020</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>John Sullivan</b> 4/25/05 (215) 633-4883 <small>Date Daytime Phone #</small>		

50046992



04012005 Chg-P CR2E034 (10/03)