2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 19, 2004 08:00 XM Secretary of State DOCUMENT # K42662 SAILFISH CLOTHING, INC. Principal Place of Business Mailing Address 4413 CLEAR RIVER CT **4413 CLEAR RIVER CT** ORLANDO, FL 32817 ORLANDO, FL 32817 US 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4, FE) Number Applied For 65-0082503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STENGER, KAREN DO NOT WRITE 4413 CLEAR RIVER CT ORLANDO, FL 32817 IN THIS SPACE 3. 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 tide if applicable. (NOTE, flegistered Agent signature required when releasting) 9. Efection Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE PVTD STENGER, KAREN NAME 000000118228 04/19/04-80052-005 150.00 STREET ADDRESS 4413 CLEAR RIVER CT CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR