


Closed 1-22-00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K88461 1. Entity Name FASHION BUG #2165, INC.	
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FILED
04 AUG 18 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7135 STATE RD 54 CORP. TAX DEPT. NEW PORT RICHEY, FL 34653 US	Mailing Address 450 WINKS LN CORPORATE TAX BENSALEM, PA 19020 US
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2. Principal Place of Business 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020	3. Mailing Address 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020
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07212004 Chg-P CR2E034 (10/03)

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 FL Zip Code
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4. FEI Number 52-1631898	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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 NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, JOHN J 450 WINKS LANE BENSALEM, PA 19020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300040318593 08/19/04--01013--019 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPECTER, ERIC 450 WINKS LANE BENSALEM, PA <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	i <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres/Asst Sec/Dir Neal Glueck 3750 State Road Bensalem PA 19020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres/sec/Dir Kathleen Lieberman 450 Winks Lane Bensalem PA 19020 <input type="checkbox"/> Change <input checked="" 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 08/18
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 empowerers.	
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Neal Glueck	Date 7-26-04 (215) 633-4883 Daytime Phone #