
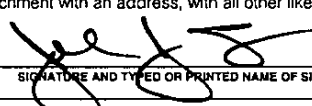


Closed 1-12-01

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K90149 1. Entity Name FASHION BUG AND FASHION BUG PLUS #2179, INC.						FILED 05 MAY 10 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3750 STATE ROAD TAX COMPLIANCE BENSALEM, PA 19020 US				Mailing Address 3750 STATE ROAD TAX COMPLIANCE BENSALEM, PA 19020 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 52-1686659				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </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) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	<input type="checkbox"/> Delete SPECTOR, ERIC	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 500054750875 05/19/05--01002--009 ***150.00 </div>		
NAME		450 WINKS LANE	NAME				
STREET ADDRESS		BENSALEM, PA 19020	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete SULLIVAN, JOHN J	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		450 WINKS LN	NAME				
STREET ADDRESS		BENSALEM, PA 19020	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete DVAS	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		GLUECK, NEAL	NAME				
STREET ADDRESS		3750 STATE ROAD	STREET ADDRESS		450 WINKS LANE		
CITY-ST-ZIP		BENSALEM, PA 19020	CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete VSD	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		LIEBERMAN, KATHLEEN	NAME				
STREET ADDRESS		450 WINKS LANE	STREET ADDRESS				
CITY-ST-ZIP		BENSALEM, PA 19020	CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:  John Sullivan 4-25-05 (215)633-4883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							