


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90082 046 ****55.00

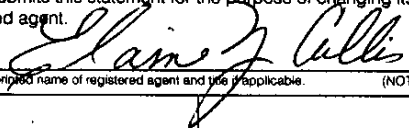
DOCUMENT # L06000030542	
1. Entity Name DOLLY DIVA PLUS SIZE PLUS, LLC	

Principal Place of Business 3808 1ST AVE. W. BRADENTON, FL 34205	Mailing Address P.O. BOX 231 BRADENTON, FL 34206
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


	
01112007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-4556844	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KATHERINE PAIGE WARD ESTIGARRIBIA, ATTORNE 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name ELAINE Y. CULLIS Street Address (P.O. Box Number is Not Acceptable) 3808 1ST AVE WEST City BRADENTON FL Zip Code 34205
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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 	DATE ELAINE Y. CULLIS 4-4-2007

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULLIS, ELAINE Y 3808 1ST AVE. W. BRADENTON, FL 34205 <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	MGRM CULLIS, WILLIAM M 3808 1ST AVE. W. BRADENTON, FL 34205 <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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  ELAINE Y CULLIS MGRM 4-4-07	941-748-7608