2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Mar 16, 2007 08:00 Al

| | | | T | 7 | Constant of Cto |
|--|--|---|-------------------------------|-----------------------------------|---|
| 1. Entity Nan | MENT # L31050 7 BO, INC. | | | | Secretary of Sta |
| Principal Plac TEES BY BO 13220 SW 6 MIAMI, FL 3 | 66 ST | Mailing Address TEES BY BO INC 13220 66 ST MIAMI, FL 33183 US | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 02072007 4. FEI Numb 65-015 | per Applied For |
| BOWERS 13220 SW MIAMI, FL | OX, SIOMARA 66TH ST | Control of Agents | DO NOT WRITE IN THIS SPACE | | |
| 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 | | | | | |
| Sidle fonc. | Signature, typed or printed name of registered agent and | itle if applicable. (NOTE Registere | Agent signature required | when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.90 | Election Campaign Finan Trust Fund Contribution. | | .00 May Be ed to Fees | |
| 10. | OFFICERS AND DIF | RECTORS | | | *** |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOWERSOX, SIOMARA 13220 SW 66TH ST MIAMI, FL 33183 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000668402 03/27/07-80029-012 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 STORY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distribution of Distri | | | | | |

Daytime Phone #