2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 2005 08:00 AM Secretary of State

1. Entity Nar M FASH	ION, INC.	failing Address 1530 S. DALE MABRY		Secretary of Stat
TAMPA, FL	OO NOT WRITE II	CONTRACTOR OF THE PARTY OF THE		02212005 No Chg-P CR2E034 (10/03) 4. FEI Number
	-DUNKEL, MAUREEN A E HARBOR DR. L 33618			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 Signature. hyped or printed name of registered agent and title if epphoable. (INOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DP RORECH-DUNKEL, MAUREEN 2913 SAFE HARBOR DR. TAMPA, FL 33618	CTORS	Management of the state of the	U00000247772 037U27U3-50412-132 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the conchanged.	certify that the information supplied with this fire on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with a	ling does not qualify for the exer and accurate and that my signat to execute this report as requir to ther like empowered.	mption stated in Sec ure shall have the s ed by Chapter 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if