2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007598

Entity Name: A RETREAT FIT FOR A PRINCESS, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX: BRANDON	335 N, FL 335090335					
Current Mailing Address:			New Mailir	New Mailing Address:		
P.O. BOX: BRANDON	335 N, FL 335090335					
FEI Number:	FEI Number Ap	FEI Number Applied For() FEI		cable (X) Certificate of Status Desired ()		
Name and	Address of Current Registe	ered Agent:	Name and	Address of New Registered Agent:		
THOMAS, 931 TUSC BRANDON						
The above in the State	named entity submits this stare of Florida.	tement for the pur	pose of changing it	s registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic Signature of	Registered Agent		Date		
OFFICERS	S AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete THOMAS, TONYA P.O. BOX 335 BRANDON, FL 335090335		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () Delete THOMAS, RODNEY P.O. BOX 335 BRANDON, FL 335090335		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () Delete LONG, KAY P.O. BOX 335 BRANDON, FL 335090335		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () Delete MARSHALL, MICHELLE P.O. BOX 335 BRANDON, FL 335090335		Title: Name: Address: City-St-Zip:	D/T (X) Change () Addition MARSHALL, MICHELLE P.O. BOX 335 BRANDON, FL 335090335		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition BARNES, ALONZO P.O. BOX 335 BRANDON, FL 335090335		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition GAMBRELL, CARLTON P.O. BOX 335 BRANDON, FL 335090335		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA THOMAS P 04/29/2003