2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT OF THE STATE OF **DOC! IMENT # N94000002841**

FILED Apr 20, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name THE FABULOUS FOOTNOTES, INC.							0.4	4-20-2005 903	311 006	****61.	25
Suite, Apl. #, etc. Suite, Apl. #, etc. City & State Country Exp. Country 6. Certificate of Status Desired 9.87.56 Additional Fior Recipitation Fior Re	3500 N.W. ROYAL OAK DR 3500 N.W. ROYAL OAK DR						US					
City & State Ci	Principal Place of Business 3. Mailing Address											
Signature PD Security Signature Security Securi	Suite, Apt.	#, etc.		Suite,	Apt. #, etc.		`,	01052005	hg-NP (CR2E037	(10/03)	
Name and Address of Current Registered Agent	City & Stat	te		City &	City & State				74			-
Name Street Address (P.O. Box Number is Not Acceptable)	Zip			<u> </u>	p Country			5. Certificate of S	itatus Desired	□· \$	8.75 Add se Required	litional d
SIGNATURE Signature Signa		6. Name	and Address of Current	Registered /	Agent			7. Name and Ad	dress of New Reg	Istered Ag	jent	
### City FL 34967 City FL Zip Code			DAK OR					ss (P.O. Box Number is	Not Acceptable)	-		
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tiling Fee is \$61.25 Due by May 1, 2005 Profice Registered Agent agent are refunded when refundation; S\$,00 May Bo Added to Fees Due by May 1, 2005 Profice Registered Agent agent are refunded to Florida Department of State												
THE DOSS, RENEE ONLY, STEEP ADDRESS 12.0 INTERNATIONAL PVY 120 HEATHROW, FL 32746 OTH-ST-2P TIME ADDRESS 12.0 INTERNATIONAL PVY 120 Delete NAME STREET ADDRESS 12.0 INTERNATIONAL PVY 12.0 DELETE NAME STREET ADDRESS 12.0 INTERNATIONAL PVY 12							City			FL	Zip Code	e
Signet Notes Sign				r the purpose	of changing its	registere	ed office or regis	stered agent, or both, in	the State of Florid	la. I am fa	miliar with,	and accept
Trust Fund Contribution.												
TITLE NAME DOSS, RENEE 3500 N.W. ROYAL OAK DR STREET ADDRESS 3500 N.W. ROYAL OAK DR STREET ADDRESS STREET ADDRE												
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12. I hereby certify that the information supplied with this filling 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 onthis that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD DOSS, RI 3500 N.W. JENSEN I D MOTTRAI 120 INTE: HEATHRO D FIELD, LI: 85 S. RIV	OFFICERS AND DIFE ENEE I. ROYAL OAK DR BEACH, FL 34957 M, JEFF RNATIONAL PWY 120 OW, FL 32746 SA ER RD	RECTORS	Trust Fund C	11. TITLE NAMI STRE CITY	E E E E E E E E E E E E E E E E E E E	Added to Fees	Florida	AND DIRE	CTORS IN Change Change Change	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _	aneloss)	KM. 20053	4/13/05	(772) 692-7800	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date	Daytime Phone €	