

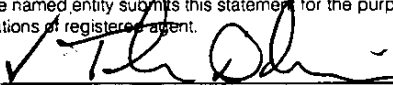
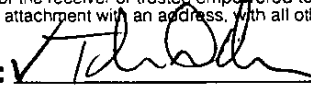


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 021 ***150.00

DOCUMENT # P00000058168 1. Entity Name RHYTHM CLOTHIERS, INC.					
Principal Place of Business THE PALLADIUM AT CITY PLACE 477 S. ROSEMARY AVENUE, SUITE 191 W. PALM BEACH, FL 33401			Mailing Address THE PALLADIUM AT CITY PLACE 477 S. ROSEMARY AVENUE, SUITE 191 W. PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # The Palladium at City Place 550 S. Rosemary Ave Suite, Apt. #, etc. Suite 154		3. Mailing Address The Palladium at City Place 550 S. Rosemary Ave Suite, Apt. #, etc. Suite 154			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		03272007 Chg-P CR2E034 (12/06)	
Zip Country 33401 USA		Zip Country 33401 USA		4. FEI Number 65-1013850	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DICKINSON, THOMAS 477 SOUTH ROSEMARY AVENUE STE 191 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name THOMAS DICKINSON Street Address (P.O. Box Number is Not Acceptable) 550 S. ROSEMARY AVENUE SUITE 154 City WEST PALM BEACH FL Zip Code 33401		
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  Thomas Dickinson Vice President <input checked="" type="checkbox"/> 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT DICKINSON, THOMAS 477 SOUTH ROSEMARY AVENUE STE 191 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT THOMAS DICKINSON 550 S. ROSEMARY AVE, SUITE 154 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NOVOA, GERRARDO 477 SOUTH ROSEMARY AVENUE STE 191 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GERRARDO NOVOA 550 S. ROSEMARY AVE, SUITE 154 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental 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:  Thomas Dickinson			<input checked="" type="checkbox"/> 4-27-07 <input checked="" type="checkbox"/> 561-833-7677 <small>Date Daytime Phone #</small>		