

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059480

Entity Name: CRITTERWEAR SCRUBS, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

932 E SHADOWLAWN AVE  
TAMPA, FL 33603

## New Principal Place of Business:

502 S FREMONT AVE  
APT 1206  
TAMPA, FL 33603

## Current Mailing Address:

932 E SHADOWLAWN AVE  
TAMPA, FL 33603

## New Mailing Address:

PO BOX 320655  
TAMPA, FL 33679

FEI Number: 59-3655655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, KEVIN  
932 E SHADOWLAWN AVE  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

HAMLET, KEVIN L  
502 S FREMONT AVE  
APT 1206  
TAMPA, FL 33606 US

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.

SIGNATURE: KEVIN L HAMLET

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TURNER, KEVIN  
Address: 932 E SHADOWLAWN AVE  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HAMLET, KEVIN L  
Address: PO BOX 320655  
City-St-Zip: TAMPA, FL 33679

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN L HAMLET

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date