

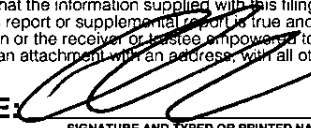


Never opened/1151

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000108941</b> 1. Entity Name <b>FASHION BUG #3554, INC.</b>						<b>FILED</b> <b>04 AUG 18 PM 1:38</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>450 WINKS LN</b> <b>BENSALEM, PA 19020</b>				Mailing Address <b>3750 STATE RD.,</b> <b>7-B13</b> <b>BENSALEM, PA 19020</b>			
2. Principal Place of Business <b>3750 State Road</b> Suite, Apt. #, etc. <b>Tax Compliance</b>			3. Mailing Address Suite, Apt. #, etc.				
City & State <b>Bensalem PA</b>			City & State			07212004 Chg-P CR2E034 (10/03)	
Zip <b>19020</b>		Country		Zip		Country	
4. FEI Number <b>APPLIED FOR 81-0609817</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>BERN, DORRIT J</b> STREET ADDRESS <b>450 WINKS LN</b> CITY-ST-ZIP <b>BENSALEM, PA 19020</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100040318511</b> <b>08/19/04--01013--013 **550.00</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LIEBERMAN, KATHLEEN H</b> STREET ADDRESS <b>450 WINKS LN</b> CITY-ST-ZIP <b>BENSALEM, PA 19020</b>				TITLE <b>VPres/Sec/Dic</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Kathleen Lieberman</b> STREET ADDRESS <b>450 Winks Lane</b> CITY-ST-ZIP <b>Bensalem PA 19020</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SPECTER, ERIC M</b> STREET ADDRESS <b>450 WINKS LN</b> CITY-ST-ZIP <b>BENSALEM, PA 19020</b>				TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Eric Specter</b> STREET ADDRESS <b>450 Winks Lane</b> CITY-ST-ZIP <b>Bensalem PA 19020</b>			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>GRAUB, JONATHON</b> STREET ADDRESS <b>450 WINKS LN</b> CITY-ST-ZIP <b>BENSALEM, PA 19020</b>				TITLE <b>VPres/Asst Sec/Dic</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Neal Glueck</b> STREET ADDRESS <b>3750 State Road</b> CITY-ST-ZIP <b>Bensalem PA 19020</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SULLIVAN, JOHN</b> STREET ADDRESS <b>450 WINKS LN</b> CITY-ST-ZIP <b>BENSALEM, PA 19020</b>				TITLE <b>V.Pres/Dic</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>John Sullivan</b> STREET ADDRESS <b>450 Winks Lane</b> CITY-ST-ZIP <b>Bensalem PA 19020</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 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.							
<b>SIGNATURE:</b>  <b>Neal Glueck</b> <b>7-26-04 (215) 633-4883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							