2007 FOR PROFIT CORPORATION

FILED Jan 19, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P01000016321 1. Entity Name 01-19-2007 90020 022 ***150.00 ROYAL'S BEACHWEAR, INC. Principal Place of Business Mailing Address 160 E. COCOA BCH CSWY. 160 E. COCOA BCH CSWY. COCOA BCH, FL 32931 COCOA BCH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3701412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACCHITELLA, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 25 N ORLANDO AVE COCOA BEACH, FL 32931 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVPS** ☐ Delete TITLE TITLE Change ☐ Addition SHAN KHWAJA A 2418 GREENHOUSE PKWY SHAN, KHWAJA A NAME STREET ADDRESS 2418 GREENHOUSE PKY STREET ADDRESS ALPHARETTA, GA 30022 ALPHARETTA, GA 30022 CITY-ST-ZIP CITY-ST-ZIP PSTD TITLE ☐ Delete TITLE M Change ☐ Addition SACEHITECCA, STEVEN NAME SACCHITELLA, STEVEN NAME 25 N ORLANDS AVE STREET ADDRESS 25 N ORLANDO AVE STREET ADDRESS COLOA BEACH, FL 3298 CiTY+ST-7IP COCOA BEACH, FL 32931 CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #