2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# P01000023620

Entity Name: STYLES UNLIMITED, INC.

Current Principal Place of Business:

10440 BAYSHORE ROAD
SUITE 2
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

10440 BAYSHORE ROAD
SUITE 2
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 65-1102569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTWELL, SALLY
10440 BAYSHORE RD
SUITE 2
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: OTWELL, SALLY
Address: 10440 BAYSHORE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PSTD
Name: OTWELL, SALLY
Address: 10440 BAYSHORE RD
City-St-Zip: N FT MYERS, FL 33917

Title: PRES
Name: OTWELL, SALLY
Address: 10440 BAYSHORE RD
City-St-Zip: N FT MYERS, FL 33917

Title: PRES
Name: OTWELL, SALLY
Address: 10440 BAYSHORE RD
City-St-Zip: N FT MYERS, FL 33917

Title: PRES
Name: OTWELL, SALLY
Address: 10440 BAYSHORE RD
City-St-Zip: N FT MYERS, FL 33917

Title: PRES
Name: OTWELL, SALLY
Address: 10440 BAYSHORE RD
City-St-Zip: N FT MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: SALLY OTWELL PRES 04/11/2012

Electronic Signature of Signing Officer or Director — Date