2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000040857 03-09-2007 90006 045 ***150.00 SOUTHERN STEEL STREETWEAR, INC. Principal Place of Business Mailing Address **307 DIVISION AVENUE** 307 DIVISION AVENUE ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 02212007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3713306 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENLAND, MELISSA DO NOT WRITE 307 DIVISION AVENUE ORMOND BEACH, FL 32174 IN THIS SPACE 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) 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 TITLE n PENLAND, MELISSA NAME STREET ADDRESS 307 DIVISION AVENUE CITY-ST-ZIP ORMOND BEACH, FL 32174 TIT1 F POMERENKE, ROBERT NAME STREET ADDRESS 307 DIVISION AVENUE CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE Treasurer NAME Irene Lineu STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR SKINTED MAKE OF SIGNING OFFICER OR DIRECTOR

3707

Daytime Phone #

FILED Mar 09, 2007 8:00 am