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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069849 1. Entity Name FASHION BUG #3578, INC.			
Principal Place of Business 450 WINKS LN. BENSALEM, PA 19020		Mailing Address 450 WINKS LN. BENSALEM, PA 19020	
2. Principal Place of Business 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020		3. Mailing Address 3750 State Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020	
4. FEI Number 23-3083013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	V-Pres/Sec/Dia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, KATHLEEN H	NAME	Kathaleen Lieberman
STREET ADDRESS	450 WINKS LN.	STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	BENSALEM, PA 19020	CITY-ST-ZIP	Bensalem PA 19020
TITLE	D <input type="checkbox"/> Delete	TITLE	V-Pres/Dia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN J	NAME	John Sullivan
STREET ADDRESS	450 WINKS LN.	STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	BENSALEM, PA 19020	CITY-ST-ZIP	Bensalem PA 19020
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V-Pres/Asst Sec/Dia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHRIVER, RODNEY	NAME	Neal Glueck
STREET ADDRESS	3750 STATE RD.	STREET ADDRESS	3750 State Road
CITY-ST-ZIP	BENSALEM, PA 19020	CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Eric Speaker
STREET ADDRESS		STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP		CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input type="checkbox"/> Delete	TITLE	000040318520 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	08/19/04--01013--014 **550.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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: _____ Neal Glueck 7-26-04 (215) 633-4883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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04 AUG 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

