2004 FOR PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2004 90306 017 ***150 00 **DOCUMENT # P01000093655** 1. Entity Name KIELROY WEAR INC. Principal Place of Business Mailing Address 94055884 P.O. BOX 695143 P.O. BOX 695143 MIAMI, FL 33269 MIAMI, FL 33269 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1038961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, KEITHROY DO NOT WRITE 2134 NE 170 ST. N. MIAMI BEACH, FL 33160 IN THIS SPACE Control (Com Company) 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 ager Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS'\$150.00 After May 1, 2004 Fee will be \$550.00 9.-Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEWIS, KEITHROY N STREET ADDRESS 2134 NE 170 ST. CITY-ST-ZiP N. MIAMI BEACH, FL 33160 NAME 16 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE

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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-04

IN THIS SPACE

FILED