2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P01000107754** 1. Entity Name 04-26-2004 90425 045 ***150.00 MARILOU'S QUILTING & SEWING CENTER OF RYANWOOD, INC. Principal Place of Business Mailing Address **UIVUILUU** 2122 58TH AVENUE 2122 58TH AVENUE VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Majling Address 8802 8802 NUS Suite, Apt. #. etc. Suite, Apt. #, etc. 01212004 Chg-P CR2E034 (10/03) Applied For City & State 4 FEI Number 80-0045420 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent KAHN, STAN Box Number is Not Acceptable) 2122 58TH AVENUE VERO BEACH, FL 32966 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWING FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change ■ Addition KAHN, STAN NAME NAME 2122 58TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEÄCH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TILE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Deleté TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. 772-189 0011 SIGNATURE: _____ O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED