2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL NEPUNI (AN)				- Fab 03 2006 08:00 AM
DOCU 1. Entity Nam	MENT # P0200001294	2		Feb 03, 2006 08:00 AM Secretary of State
SHE'S GOT IT, INC.				
Principal Place of Business Mailing Address				
6162 N.W. 121 AVE.		6162 N.W. 121 AVE.		
CORAL SPR	INGS FL 33076	Coral Springs FL 33	016	
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 33-0995272 Applied F
Zip	Country	Zrp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
SINGER, LISA				
616	2 N.W. 121 AVE. RAL SPRINGS FL 33076		Street Address	s (P.O. Bax Number is Not Acceptable)
COF	TAL SENINGS EL 33070		}	
			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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
signatural (SAME AS ABOVE) 1/24/06				
SIGNATURIC	Signature, typed or pointed mains of registered agricult		Regislarea Agent eigneture requi	OV C DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Ma After May 1, 2006 Fee Will Be \$550.00				
Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fe
IG.	OFFICERS AND	DIRECTORS Delete	TIT.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	SINGER, LISA	C Delete	NAME	
STREET ADORESS CITY-ST-ZIP	6162 N.W. 121 AVE. CORAL SPRINGS FL 33076		STREET ADDRESS GITY-ST-ZIP	800000420223 802/15/06-80043-014 1 58.75
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/24/06 954-227-35

FILED