


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90054 005 ***150.00

DOCUMENT # P02000016898 1. Entity Name ALTERATIONS BY TOMIE, INC.																													
Principal Place of Business 1158 FIFTH STREET CLERMONT, FL 34711			Mailing Address 1158 FIFTH STREET CLERMONT, FL 34711																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent LACHIUSA, MARY 339 W. MONTROSE ST. CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Emiko H Rowe Street Address (P.O. Box Number is Not Acceptable) 10530 MESA LANE City Clermont FL Zip Code 34711																									
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 <u><i>Emiko H. Rowe</i></u> Jan 29, 2005 <small>Signature, typed or printed name of registered agent and file 7 applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROWE, EMIKO H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10530 MESA LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ROWE, EMIKO H		STREET ADDRESS	10530 MESA LANE		CITY - ST - ZIP	CLERMONT, FL 34711		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Emiko H. Rowe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>Jan 29, 2005</u> <small>Date Daytime Phone #</small>																									