

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055188

FILED  
May 11, 2007  
Secretary of State

Entity Name: HER SPECIAL TIME MATERNITY BOUTIQUE, INC.

## Current Principal Place of Business:

1746 BRUCE B DOWNS BLVD  
STE 126  
WESLEY CHAPEL, FL 33543

## New Principal Place of Business:

27716 BREAKERS DR.  
WESLEY CHAPEL, FL 33543

## Current Mailing Address:

1746 BRUCE B DOWNS BLVD  
STE 126  
WESLEY CHAPEL, FL 33543

## New Mailing Address:

22716 BREAKERS DR.  
WESLEY CHAPEL, FL 33543

FEI Number: 01-0710023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPAW, SHERRI L  
27716 BREAKERS DR  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: SMITH, SHARON E  
Address: 1746 BRUCE B DOWNS BLVD STE 126  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DVP ( ) Delete  
Name: SPAW, SHERRI L  
Address: 1746 BRUCE B DOWNS BLVD STE 126  
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: DP (X) Delete  
Name: SMITH, SHARON C  
Address: 1746 BRUCE B DOWNS BLVD STE 126  
City-St-Zip: ZEPHYRHILLS, FL 33543

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SMITH, SHARON C  
Address: 27050 SEA BREEZE WAY  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DVP (X) Change ( ) Addition  
Name: SPAW, SHERRI L  
Address: 27716 BREAKERS DR.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON C. SMITH/DP

DP

05/11/2007

Electronic Signature of Signing Officer or Director

Date