2008 FOR PROFIT CORPORATION

SIGNATURE:

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90019 012 ***150.00

Sharone Suith 4/2 f/c8 813-907-2727

	ANNUAL	REPORT				
1. Entity Name						
HER SPECIAL TIME MATERNITY BOUTIQUE, INC.				40101668		
Principal Place 27716 BREAL	KERS DR.	Mailing Address 22716 BREAKERS DR.		-		
WESLEY CHAF	PEL, FL 33548 33544	WESLEY CHAPEL, FL 33	1543 3 <i>35</i> 44	I 1891/880 HI BRITA TIRKI BRITA BRITA BRITA BRITA BRITA BRITA BRITA BRITA	/1 01181 1888 1888 1880 1891 1891 1891	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008 Chg-P CR2	E034 (12/06)	
City & State		City & State		4. FEI Number 01-0710023	Applied For Not Applicable	ole
Zíp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registers	d Agent	\dashv
SPAW, SHERRIL						
27716 BREAKERS DR 27 3 3543 3 3 5 4 4			Street Address	(P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	_
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida. I a	m familiar with, and accep	Σ Ι
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATI		
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be Ided to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	\dashv
TITLE	DP	☐ Delete	TITLE	, abbilliona, or a rate to difficulties	☐ Change ☐ Additio	_
NAME	SMITH, SHARON C		NAME			
Street address	27050 SEA BREEZE WAY		STREET ADDRESS			Ì
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	33544	CITY-ST-ZIP			
TITLE	DVP	☐ Detete	TITLE		Change Additio	on ,
NAME	SPAW, SHERRI L		NAME			ļ
STREET ADORESS CITY-ST-ZIP	27716 BREAKERS DR. WESLEY CHAPEL, FL 33543	228/11/	STREET ADDRESS CITY-ST-ZIP			
TITLE	TYEOLET OFFICE, I'E 393-43	33544 D Doloto	TITLE		☐ Channe ☐ Addition	\dashv
NAME		L. Deseit	NAME .		☐ Change ☐ Addition	ן חק
STREET ADDRESS			STREET ADDRESS		-	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Additio	ол
NAME STREET ADORESS	•		NAME			
STREET ADDRESS City-St-Zip			STREET ADORESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	_
NAME		LL Delete	NAME		C Orlange C Addition	""
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP	_		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Additio	on
NAME STREET ADDRESS			NAME CAREET + DODGES			
CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
12. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemptions contained	ed in Chapter 119, Florida Statutes. I further o	ertify that the information	\dashv
indicated of the corp	on this report or supplemental report is	true and accurate and that me wered to execute this report a	v signature shall have the	e same legal effect as if made under oath; that o7, Florida Statutes; and that my name appear	Lam an officer or director	r I