
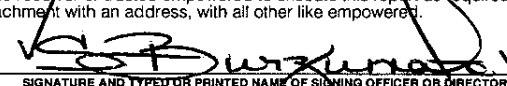


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 10 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102210					
1. Entity Name THE MAD HADDER TATTOO CO., INC.					
Principal Place of Business 510 NORTH PINELLAS AVE TARPON SPRINGS, FL 34689			Mailing Address 4640 ABDELLA LANE HOLIDAY, FL 34690		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0487524	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURZUMATO, MICHAEL 4640 ABDELLA LANE HOLIDAY, FL 34690				Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURZUMATO, MICHAEL A 4640 ABDELLA LANE HOLIDAY, FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000041056070 09/14/04--01024--006 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURZUMATO, STEPHANIE 4640 ABDELLA LANE HOLIDAY, FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9415 RAINBOW LANE PORT RICHEY, FLA - 34660	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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.					
SIGNATURE: 			8-11-04 848-9415		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEPHANIE BURZUMATO (U.P.)			Date Daytime Phone #		