

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110921

Entity Name: FASHION BUG #3603, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

NORTH TOWN CENTER
7813 GALL BLVD
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

3750 STATE RD
TAX COMPLIANCE
BENSALEM, PA 19020

New Mailing Address:

3750 STATE RD
BSC TAX DEPT
BENSALEM, PA 19020

FEI Number: 46-0504870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, JOHN J
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: LIEBERMAN, KATHLEEN H
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

Title: P () Delete
Name: SPECLER, ERIC
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

Title: VPD (X) Delete
Name: GLUECK, NEAL
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SULLIVAN, JOHN J
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

Title: DVP (X) Change () Addition
Name: GLUECK, NEAL
Address: 3750 STATE RD
City-St-Zip: BENSALEM, PA 19020

Title: P (X) Change () Addition
Name: SPECTER, ERIC
Address: 450 WINKS LANE
City-St-Zip: BENSALEM, PA 19020

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL GLUECK

DVP

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date