2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2006 08:00 AM Secretary of State DOCUMENT # P02000128384 1. Entity Name FUMBA WEAR, INC. Principal Place of Business Mailing Address 12243 NW 35TH ST C/O LH ROSOFF & CO., LLP CORAL SPRINGS, FL 33065 81 WATER MILL LN GREAT NECK, NY 11021 CR2E034 (11/05) 04172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3873329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FEUERMAN, STEPHEN DO NOT WRITE 10635 NW 64 ST CT PARKLAND, FL 33076 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FEUERMAN, STEPHEN STREET ADDRESS 10635 NW 64 ST CT 000000563356 05/20/06-80007-011 150.00 CITY-ST-ZIP PARKLAND, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trustes empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an early supplemental report is true and occurred by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an early 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 of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of th

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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