

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003486

FILED
Apr 30, 2004
Secretary of State

Entity Name: FASHIZZLE FASHIONS, INC.

Current Principal Place of Business:

3134 LAKE WASHINGTON ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

777 E. MERRIT ISLAND CAUSEWAY
F19
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

3134 LAKE WASHINGTON ROAD
MELBOURNE, FL 32934

New Mailing Address:

777 E. MERRIT ISLAND CAUSEWAY
F19
MERRIT ISLAND, FL 32952 US

FEI Number: 59-3765609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LLOYD N
3134 LAKE WASHINGTON RD
MELBOURNE, FL 32934

Name and Address of New Registered Agent:

THOMPSON, LLOYD N
777 E. MERRIT ISLAND CAUSEWAY
F19
MERRITT ISLAND, FL 32934

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, LLOYD N
Address: 3397 RIVERCREST DR. APT 239
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: SMITH, SOPHIA
Address: 3397 RIVERCREST DR. APT. 239
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, LLOYD N
Address: 1352 HAMPTON PARK LANE
City-St-Zip: MELBOURNE, FL 32940

Title: V (X) Change () Addition
Name: SMITH, SOPHIA
Address: 1352 HAMPTON PARK LANE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LLOYD N. THOMPSON

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date