2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	1. Entity Nam	MENT # P0300003 T STYLE, INC.	34158				04-29-2004	4 90313 018 ** *	ʻ 158.75
Suite, April 4, etc.	4309 S. RENELLIE DRIVE 4309 S. RENELLIE DRIVE				:	,	· 1		
CROY & State City & State Desired Street Address of Current Registered Agent Name CROSBY, DEAND 4. Fill Hymbro Street Address of Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL City Code 8. The above named entity submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Florids. I am familier wich, and accept the obligations of registered agent. City FL City Code 8. The above named entity submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Florids. I am familier wich, and accept the obligations of registered agent. City FL City Code 8. The above named entity submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Florids. I am familier wich, and accept the obligations of registered agent. City FL City	·				· · · · · · · · · · · · · · · · · · ·	-			
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S. Certificate of Status Deerryd 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. 8. The Robust named new deep agent. 8. The Robust named nam	City & State		City & State			4. FEI Numb	162170	6	
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