2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000098979 1. Entity Name 05-03-2004 90763 036 ***150 00 TAILOR'S TOUCH AND MORE, INC. Principal Place of Business Mailing Address 9130 BAYOU DRIVE TAMPA FL 33635 9130 BAYOU DRIVE **TAMPA FL 33635** 2. Principal Place of Business 3. Mailing Address 9130 Bayon Dr. 7603 Gunn Hwy Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Suite B City & State Applied For 16-1683203 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33425 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Virginia Osborn OSBORN, VIRGINIÀ P 9130 BAYOU DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33635** 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. Dirginia f. Dobour, herident (Virginia P. Osborn) (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be * After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE ☐ Change ☐ Delete OSBORN, VIRGINIA P NAME NAME 9130 BAYOU DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL 33635 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Nandkumar T. Harjani NAME STREET ADDRESS STREET ADDRESS 9130 Bayou Drive CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33435 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZÍP; CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 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 coport 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 of 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.

President (Virginia P. Dsborn) 4/28/04
FSIGNING OFFICER OR DIRECTOR

FILED