2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90007 019 ***158.75

DOCUMENT # P03000133108

1. Entity Name
THINK APPAREL, INC.

Principal Place of Business	Mailing Address
PO BOX 16343 CLEARWATER, FL 33766-6343	PO BOX 16343 CLEARWATER, FL 33766-6343

05102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2515 Briarwood, Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State
Zip: 33761 Country: Pinellas	Zip Country

4. FEI Number: 20-0359150 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, ANN S
2515 BRIARWOOD CT
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE: Ann S Pollard President DATE: 5/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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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 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 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.

SIGNATURE: Ann S Pollard, President 5/10/04 (727) 452-7090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #