


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000133108 1. Entity Name THINK APPAREL, INC. |  |
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| Principal Place of Business 2515 BRIARWOOD CT CLEARWATER, FL 33761 | Mailing Address PO BOX 16343 CLEARWATER, FL 33766 |
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0359150 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fees Required |

6. Name and Address of Current Registered Agent

POLLARD, ANN S
2515 BRIARWOOD CT
CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

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 1/25/05
(NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP POLLARD, ANN S PO BOX 16343 CLEARWATER, FL 337666343 |
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02/01/05-80050-007 158.75

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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)(f), 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 1/25/05 (727) 452-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #