2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025539

Entity Name: STYLIN TEENS, INC.

Current Principal Place of Business:

FILED Apr 17, 2009 Secretary of State

14502 VISTA LN LARGO, FL 33774 **Current Mailing Address: New Mailing Address:** 14502 VISTA LN LARGO, FL 33774 FEI Number: 42-1617166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

New Principal Place of Business:

RAYMOND, PATRICIA A 14502 VISTA LN LARGO, FL 33774

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete Title: COLLINS, DONNA M COLLINS, DONNA M Name: Name: 11112 117TH WAY NORTH 11112 117TH WAY NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33778 City-St-Zip: SEMINOLE, FL 33778

Title: Title: (X) Change () Addition () Delete

RAYMOND, PATRICIA A Name: RAYMOND, PATRICIA A Name: 14502 VISTA LN Address: 14502 VISTA LN Address: LARGO, FL 33774 LARGO, FL 33774 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA A RAYMOND **PRES** 04/17/2009