

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037076

Entity Name: DOLLAR PARTY INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

11934 WHISPER CREEK DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

10835 BLOOMINGDALE HILLS PLAZA
BLOOMINGDALE AVENUE
RIVERVIEW, FL 33569

Current Mailing Address:

11934 WHISPER CREEK DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

10835 BLOOMINGDALE HILLS PLAZA
BLOOMINGDALE AVENUE
RIVERVIEW, FL 33569

FEI Number: 13-4277565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORK, LORETTE
11934 WHISPER CREEK DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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:

Title: PTSD () Delete
Name: YORK, LORETTE
Address: 11934 WHISPER CREEK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: YORK, RICHARD
Address: 11934 WHISPER CREEK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORETTE YORK

PTSD

04/21/2005

Electronic Signature of Signing Officer or Director

Date