


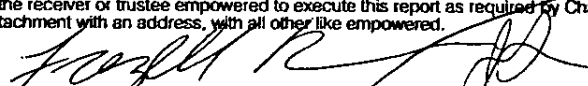


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90978 002 ***150.00

DOCUMENT # P04000057867 1. Entity Name STITCH TIGHT INC.					
Principal Place of Business 3301 13TH AVE SOUTH UNIT B ST. PETERSBURG, FL 33712				Mailing Address 3301 13TH AVE SOUTH UNIT B ST. PETERSBURG, FL 33712	
2. Principal Place of Business 540 34ST. SO.		3. Mailing Address 409 41 AVE SO.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04132005 Chg-P CR2E034 (10/03)	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 	
Zip 33711		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYSON-JONES, DAY 3434 37TH STREET SOUTH ST PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name FREZELL ROUX JR Street Address (P.O. Box Number is Not Acceptable) 409 41 AVE SO. City ST. PETERSBURG FL Zip Code 33705			
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 				DATE 4/29/05	
Signature, typed or printed name of registered agent and fee if applicable.				(NOTE: Registered Agent signature required when reinstating)	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROUX, FREZELL JR 409 41ST AVE SOUTH ST. PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROUX, FREZELL JR 409 41ST AVE SOUTH ST. PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ROUX, FREZELL JR 409 41ST AVE SOUTH ST. PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 				DATE 4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	