


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90162 016 ***150.00

DOCUMENT # P04000078156

1. Entity Name
5TH AVENUE ACCESSORIES, INC.



Principal Place of Business
**814 HWY A1A NORTH, SUITE 307-A
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**814 HWY A1A NORTH, SUITE 307-A
 PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business
822 Hwy A1A North

3. Mailing Address
822 Hwy A1A North


Suite, Apt. #, etc.
205

City & State
Ponte Vedra Beach

City & State
Ponte Vedra Beach

Zip
FL

Country
ST. Johns



02232005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2461285

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRAUGHON, RICHARD S
 814 HWY A1A NORTH, SUITE 307-A
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name
Richard S. Draughon

Street Address (P.O. Box Number is Not Acceptable)
822 Hwy A1A North

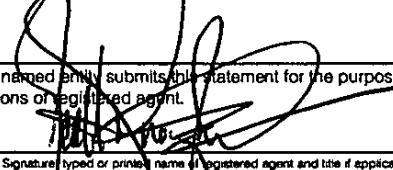
Suite 205

City
Ponte Vedra Beach

State
FL

Zip Code
32082

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: **4/1/05**

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 After May 1, 2005 Fee will be \$550.00

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

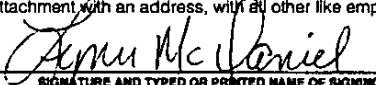
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Lynn McDaniel** DATE: **4/1/05** DAYTIME PHONE #: **904-543-1573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR