

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 039 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P04000078156 1. Entity Name 5TH AVENUE ACCESSORIES, INC. | | | | | |
| Principal Place of Business 822 HWY A1A NORTH 205 PONTE VEDRA BEACH, FL 32082 US | | | Mailing Address 822 HWY A1A NORTH 205 PONTE VEDRA BEACH, FL 32082 US | | |
| 2. Principal Place of Business 830-13 HWY A1A NORTH Suite, Apt. #, etc. 381 | | | 3. Mailing Address 830-13 HWY A1A NORTH Suite, Apt. #, etc. 381 | | |
| City & State Ponte Vedra Beach, FL Zip 32082 | | | City & State Ponte Vedra Beach, FL Zip 32082 | | |
| Country St. Johns | | | Country ST. Johns | | |
| 4. FEI Number 56-2461285 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent DRAUGHON, RICHARD S 822 HWY A1A NORTH #205 PONTE VEDRA BEACH, FL 32082 | | | 7. Name and Address of New Registered Agent Name Richard S. Draughon, Esquire Street Address (P.O. Box Number is Not Acceptable) 830-13 HWY A1A North #381 City Ponte Vedra Beach 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 a registered agent. | | | | | |
| SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | P MCDANIEL, LYNN 8040 WHISPER LAKE LANE W PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | 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"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: | | | 4/24/06 904-860-5301 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |