

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90083 012 \*\*\*150.00

**2006 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 704000081106
<b>1. Entity Name</b>
EUCALYPTUS CLOTHING, INC.

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40089870

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
501 MADRONE CANYON DR.		533 NORTHLAKE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE. 5		STE. 5	
<b>City &amp; State</b>		<b>City &amp; State</b>	
DRIPPING SPRINGS, TX 78620		NORTH PALM BEACH, FL 33408	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b>	<b>Applied For</b>
20-1155394	Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
 DAVID SCOTT KUHARC C.P.A., P.A.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 533 NORTH LAKE BLVD.  
 STE. 5  
**City**  
 NORTH PALM BEACH **FL** **Zip Code**  
 33408

**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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS****11.**

<b>TITLE</b>	
<b>NAME</b>	GLICKMAN, EDWARD
<b>STREET ADDRESS</b>	501 MADRONE CANYON DR.
<b>CITY-ST-ZIP</b>	DRIPPING SPRINGS, TX 78620
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Edward Glickman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/06 512-858  
 9771