

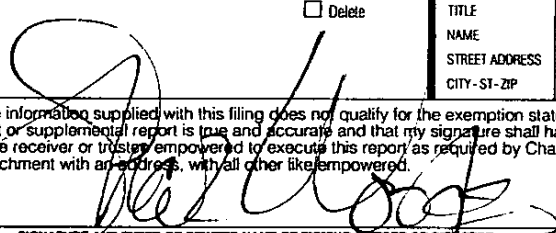


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

13182

<b>DOCUMENT # P04000088919</b> 1. Entity Name <b>LEGACY CREATIONS, INC.</b>						<b>FILED</b> 05 JUL 11 AM 8:38 SECRETARY OF STATE FLORIDA 04/05 90116 009 150.00 	
Principal Place of Business <b>3053 N.E. 49TH STREET FORT LAUDERDALE, FL 33308</b>				Mailing Address <b>3053 N.E. 49TH STREET FORT LAUDERDALE, FL 33308</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEL Number <b>20-1225610</b>				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  <b>WOODS, SHARI 3053 N.E. 49TH STREET FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, SHARI 3053 N.E. 49TH STREET FORT LAUDERDALE, FL 33308			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			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			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"/> Delete			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: 				7/8/05 954-242-0031 954-242-3400 resubmitting			

T. Roberts JUL 15 2005

PJ 2/11/05

LEGACY CREATIONS, INC..  
3053 NE 49<sup>TH</sup> STREET  
FORT LAUDERDALE, FL 33308

July 8, 2005

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Legacy Creations, Inc. Doc P04000088919 Waive Late fee -2005 Annual Report


Dear Sirs,

In reference to the above matter regarding the late filing of the 2005 annual report for Legacy Creations Inc. we respectfully request that the penalty be waived. We did not receive the letter regarding the rejection of the submission of the annual report. We submitted report in a timely manner on 2/23/05. Our payment of \$150 cleared our bank on 3/14/05.

We are resubmitting the 2005 Annual Report with the information requested.

Thank you for your attention to this matter and the removal of the late fee.

Sincerely,

  
Shari Woods  
President

