


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 017 \*\*\*150.00

DOCUMENT # P04000089353		
1. Entity Name PANACHE BUSINESS INNOVATIONS, INC.		

Principal Place of Business 1227 16TH AVENUE NORTH ST. PETERSBURG, FL 33704 US	Mailing Address 1227 16TH AVENUE NORTH ST. PETERSBURG, FL 33704 US
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2. Principal Place of Business - No P.O. Box # 500 Trinity Lane Suite, Apt. #, etc. Unit 1207 City & State St. Petersburg, FL Zip 33716 Country USA	3. Mailing Address 500 Trinity Lane Suite, Apt. #, etc. Unit 1207 City & State St. Petersburg, FL Zip 33716 Country USA
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04042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ALBRITTON, KAREN 1227 16TH AVENUE NORTH ST. PETERSBURG, FL 33704	
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7. Name and Address of New Registered Agent Name Joseph Schluchter Street Address (P.O. Box Number is Not Acceptable) 500 Trinity Lane, Unit 1207 City St. Petersburg FL Zip Code 33716	
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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  Joseph Schluchter 4/7/08  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRITTON, KAREN J 1227 16TH AVENUE NORTH ST. PETERSBURG, FL 33704 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLUCHTER, JOSEPH D 1227 16TH AVENUE NORTH ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P & VP Schluchter, Joseph D. 500 Trinity Lane, Unit 1207 St. Petersburg, FL 33716 <input checked="" 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
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

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:  Joseph Schluchter 4/7/08 727-686-9018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #