2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000107544** 05-01-2006 90378 030 ***150.00 QUEEN B'S HOME COUTURES INC Principal Place of Business Mailing Address 1254 SW 4TH CT 1254 SW 4TH CT BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1388775 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRUDHOMME, KAREN M Street Address (P.O. Box Number is Not Acceptable) 1254 SW 4TH CT BOCA RATON, FL 33432 City Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete ☐ Change Addition TITLE TITLE PRUDHOMME, KAREN M NAME NAME STREET ADDRESS 1254 SW 4TH CT STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TIT) F Change TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 changed, or on an attacty nept with an addition, with an addition with an addition of the receiver of the corporation of the receiver of trustee empowered.

CITY-ST-789

STREET ADDRESS

TITLE

NAME

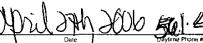
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STREET ADORESS CITY-ST-ZIP

TITLE

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Addition

☐ Change