


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90137 020 ***150.00

DOCUMENT # P04000136211	
1. Entity Name EYES ON YOU MODEL MANAGEMENT, INC.	

Principal Place of Business 3149 FELDA STREET PORT CHARLOTTE, FL 33948	Mailing Address 3149 FELDA STREET PORT CHARLOTTE, FL 33948
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2. Principal Place of Business 1441 Tamiami Trail 385	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Port Charlotte FL	City & State
Zip 33948	Country

50046781



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 201687225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEEDHAM, PHUONG M 3149 FELDA STREET PORT CHARLOTTE, FL 33948	7. Name and Address of New Registered Agent Name Rachelle L. Cox Street Address (P.O. Box Number is Not Acceptable) 5917 Neon Ave Residence address City Nixt Port FL Zip Code 34286
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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 *Rachelle Cox* DATE 4-28-05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS COX, RACHELLE L 3149 FELDA STREET PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST Cox, Rachelle L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT NEEDHAM, PHUONG M 3149 FELDA STREET PORT CHARLOTTE, FL 33948 <input checked="" 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
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: *x Rachelle Cox* DATE 4-28-05 941 627-3931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50046781
P04000136211


Eyes on You Entertainment, Inc.
1441 Tamiami Trail, Suite 385
Port Charlotte, Florida 33948
Attention: Rachelle L. Cox.

January 7, 2005

Dear Madam Secretary:

Please let this letter serve as notice that I hereby resign my position as a director and as vice-president and treasurer of Eyes on You Entertainment, Inc. effective this day, January 7, 2005.

Sincerely,


Phuong M. Needham