2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State 05-04-2006 90206 050 ***150.00 **DOCUMENT # P04000151591** SARAH'S LADIES FASHION, INC Principal Place of Business Mailing Address 40083162 717 PASTEUR LN 2155 WEST COLONIAL DRIVE KISSIMMEE, FL 34759 LN 6 & 7 ORLANDO, FL 32804 04252006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4563261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TULSIE, PERSAUD DO NOT WRITE 717 PASTEUR LN KISSIMMEE, FL 34759 IN THIS SPACE 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 \$5.00 May Be FILE NOWIII PEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TULSIE PERSAUD NAME 717 PASTEUR LN STREET ADDRESS KISSIMMEE, FL 34759 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED