2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# P05000021665

Entity Name: WISH BOUTIQUE INC.

Current Principal Place of Business:

114 CANDLEWICK RD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

601 PIGEON LANE
LAKE MARY, FL 32746

Current Mailing Address:

114 CANDLEWICK RD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

601 PIGEON LANE
LAKE MARY, FL 32746

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, SUZANNE A
114 CANDLEWICK RD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WARD, SUZANNE A
601 PIGEON LANE
LAKE MARY, FL 32746 US

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.

SIGNATURE: 05/06/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARD, SUZANNE A
Address: 114 CANDLEWICK RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: WARD, CHERYL S
Address: 114 CANDLEWICK RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WARD, SUZANNE A
Address: 601 PIGEON LANE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change ( ) Addition
Name: WARD, CHERYL S
Address: 921 MORRIS AVENUE
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL S. WARD S 05/06/2008
Electronic Signature of Signing Officer or Director — Date