

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90156 036 ***150.00

DOCUMENT # P05000060557					
1. Entity Name MARIA'S BRIDAL CONNECTION, INC.					
Principal Place of Business 9618 US HWY 19 PORT RICHEY, FL 34668			Mailing Address 9618 US HWY 19 PORT RICHEY, FL 34668		
2. Principal Place of Business 9662 US HWY 19 Suite, Apt. #, etc.		3. Mailing Address 9662 US HWY 19 Suite, Apt. #, etc.			
City & State Port Richey, FL Zip 34668 Country PASCO		City & State Port Richey, FL Zip 34668 Country PASCO		4. FEI Number 20-4436358 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ALTMAN, ROBERT N. 5628 MAIN ST. NEW PORT RICHEY, FL 34652	
7. Name and Address of New Registered Agent Name <u>Mary Lou Roussos</u> Street Address (P.O. Box Number is Not Acceptable) <u>5346 Halfata Court</u> <u>New Port Richey</u> City <u>FL</u> Zip Code <u>34655</u>				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 <u>Mary Lou Roussos</u> DATE <u>3/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ORLANDO, MARIA 9618 US HWY 19 PORT RICHEY, FL 34668	<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	VSD ROUSSOS, MARYLOU 9618 US HWY 19 PORT RICHEY, FL 34668	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Maria Orlando</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/6/06</u> <small>Date Daytime Phone #</small>	