

2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/1/2006-90001-013-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000074759			
1. Entity Name THINK PINK, INC.			
Principal Place of Business 1612 W CAMINO DEL RIO VERO BEACH, FL 32963		Mailing Address 1612 W CAMINO DEL RIO VERO BEACH, FL 32963	
2. Principal Place of Business 1612 W Camino del Rio Suite, Apt. #, etc. Vero Beach, FL City & State 32963		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 593816468		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEIKLE, MELINDA A 1612 W CAMINO DEL RIO VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: Melinda A. Meikle, Pres. 8/1/06 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Melinda A. Meikle 1612 W. Camino del Rio Vero Beach, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President John B. Meikle 1612 W. Camino del Rio Vero Beach, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Deborah Van Dusen 350 W. 4th Street Boston, Mass 02127 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: Melinda A. Meikle, Pres. 8-1-06		Date	