

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2007 90039 036 *****71.25
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FILED

07 MAY 31 AM 10:02

CLERK OF STATE
TALLAHASSEE, FLORIDA



04/23/07 01051 007 \$78.15
04302007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000142997					
1. Entity Name FANCIES, INC.					
Principal Place of Business 6005 PALOMAGLADE DR. LITHIA, FL 33547 US			Mailing Address 6005 PALOMAGLADE DR. LITHIA, FL 33547 US		
2. Principal Place of Business - No P.O. Box # 13426 Bayette Rd.		3. Mailing Address 13426 Bayette Rd.			
Suite, Apt. #, etc. Riverwood Fla		Suite, Apt. #, etc. Riverwood Fla			
City & State		City & State			
Zip 33569		Country America		4. FEI Number 20-3778731	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HICKMAN, FELICIA E OWNER 6005 PALOMAGLADE DR. LITHIA, FL 33547			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 <i>Felicia E. Hickman</i>		Signature, typed or printed name of registered agent and title if applicable		Felicia E. Hickman Owner 5/1/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. HICKMAN, FELICIA E 6005 PALOMAGLADE DR. LITHIA, FL 33547	<input type="checkbox"/> Delete	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:

Felicia E. Hickman

205/31