
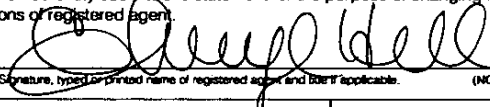


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90008 026 ***158.75

DOCUMENT # P06000009458 1. Entity Name WARDROBE SEVEN, INC.			
Principal Place of Business 5770 IRLO BRONSON HIGHWAY 215 KISSIMMEE, FL 34746		Mailing Address 5770 IRLO BRONSON HIGHWAY 215 KISSIMMEE, FL 34746	
2. Principal Place of Business - No P.O. Box # 5770 Irlo Bronson Hwy Suite, Apt. #, etc. 215		3. Mailing Address 5770 Irlo Bronson Hwy Suite, Apt. #, etc. 215	
City & State Kissimmee FL Zip 34746 Country OSCEOLA		City & State Kissimmee FL Zip 34746 Country OSCEOLA	
4. FEI Number 202151956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGRUDER, C. MICHAEL 203 S. CLYDE AVENUE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name CHERYL HILL Street Address (P.O. Box Number is Not Acceptable) 2416 S WINDING RIDGE AVE City KISSIMMEE FL Zip Code 34741	
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  DATE 4/23/07 <small>Signature, typed or printed name of registered agent and both applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 LUEDI, ANDRIAS 5770 IRLO BRONSON HIGHWAY, SUITE 215 KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, CHERYL 5770 IRLO BRONSON HIGHWAY, SUITE 215 KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, CHERYL 5770 IRLO BRONSON HIGHWAY, SUITE 215 KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUEDI, ANDRIAS 5770 IRLO BRONSON HIGHWAY, SUITE 215 KISSIMMEE, FL 34746	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  OWNER 4/23/07 3219465538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			