

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014576

FILED
May 17, 2008
Secretary of State

Entity Name: ACCESSORIES FOR ALL OCCASIONS, INC.

Current Principal Place of Business:

11111-70 SAN JOSE BLVD
#286
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

11111-70 SAN JOSE BLVD
#286
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 20-4234780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOYLE, LEA
11111-70 SAN JOSE BLVD.
#286
JACKSONVILLE, FL FL US

Name and Address of New Registered Agent:

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: _____

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,S () Delete
Name: BURCHFIELD, BONNIE
Address: 11111-70 SAN JOSE BLVD., #286
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP,T () Delete
Name: DOYLE, LEA
Address: 11111-70 SAN JOSE BLVD., #286
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONNIE BURCHFIELD

P.S.

05/17/2008

Electronic Signature of Signing Officer or Director

_____ Date