007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2007 8:00 am Secretary of State DOCUMENT # P06000036346 1. Entity Name 04-12-2007 90049 014 ***150.00 UPSTREAM INNOVATIVE NEW STYLE INC. Principal Place of Business Mailing Address 530 ROOKERY PL 530 ROOKERY PL JUPITER FL 33458 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 83RD WAY N 15945 8300 WAYN Suite, Apt. #, etc. Suite, Apt. # ctc. 1st MOORE - - CR2E034 (10/06) CILV & STATE PARM ISCACH CARDENS, FL 4. FEI Number Applied For City & State 20-4425942 PARM BEACH GARDENS FL Not Applicable Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIDDLE, JAMES B 530 ROOKERY PL Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 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. 3/5/0~ registered agent end titla i apphosbis INOTE: Registered Agent signature required whomreinstating; FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. OTEE PRÉSIDENT Change Addition IIIŒ Defete LIDDLE, JAMES B 15945 B3RO WAY N LIDDLE, JAMES B NAME NAME 530 ROOKERY PL STREET ADDRESS STREET ADDRESS PAIM BEACH GARDONS, FR 33418 JUPITER FL 33458 CITY-ST-7IP CHY-ST-ZIP BUSINESS MANAGGE ☐ Delete Change Addition HILE HURST DIANE R 15945 BERD WAY N NAME STREET ADDRESS STREET ADDRESS PARM BEACH GARDONS, FR 33-116 C!IY-SI-ZIP CITY-S1-ZIP TITLE ☐ Delete 1000 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 207-81-20-CITY ST ZIP ☐ Change ☐ Addition ☐ Delele TITLE IIIIF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP ☐ Delete THUE ☐ Change ☐ Addition DH NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY S1-7IP Change Addition ☐ Delete THE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7IP 12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 logal effect as if made under eath; 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.

FILED