


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 026 ***150.00

DOCUMENT # P06000050320	
1. Entity Name SONG'S FASHION PLUS BEACHWEAR, INC.	

Principal Place of Business 3021 COMMERCIAL WAY SPRINGHILL, FL 34606	Mailing Address 3021 COMMERCIAL WAY SPRINGHILL, FL 34606
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 672 WHITE FLOWER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BROOKSVILLE, FL
Zip	Country
	Zip 34604 Country HERNANDO



04202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FORD, BUDDY D 115 N MACDILL AVENUE TAMPA, FL 33609	
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4. FEI Number 20-4798676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

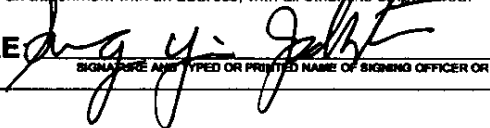
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PRESIDENT SONG Y JOHNSTON 672 WHITE FLOWER Way BROOKSVILLE, FL 34604	
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
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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 	26 APR 07	813-476-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #