

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096676

Entity Name: WARDROBE THERAPY, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

13475 ATLANTIC BLVD.
SUITE 36
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

New Mailing Address:

13475 ATLANTIC BLVD.
SUITE 36
JACKSONVILLE, FL 32225 US

Current Mailing Address:

353 VAN GOGH CIRCLE
SAINT AUGUSTINE, FL 32095 US

FEI Number: 72-1619029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAVILALA, STEPHANIE J
353 VAN GOGH CIRCLE
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

VAVILALA, STEPHANIE J
353 VAN GOGH CIRCLE
PONTE VEDRA, FL 32081 US

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: STEPHANIE VAVILALA

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VAVILALA, STEPHANIE J
Address: 353 VAN GOGH CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: VP () Delete
Name: TAYLOR, ROBIN L
Address: 210 CHERRY STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: SEC. () Delete
Name: VAVILALA, STEPHANIE J
Address: 353 VAN GOGH CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: TREA () Delete
Name: ROBIN, TAYLOR L
Address: 210 CHERRY STREET
City-St-Zip: NEPTUNE BEACH, FL 32266 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: VAVILALA, STEPHANIE J
Address: 353 VAN GOGH CIRCLE
City-St-Zip: PONTE VEDRA, FL 32081 US

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

Title: SEC. (X) Change () Addition
Name: VAVILALA, STEPHANIE J
Address: 353 VAN GOGH CIRCLE
City-St-Zip: PONTE VEDRA, FL 32081 US

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: STEPHANIE VAVILALA

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date