## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000131978

Entity Name: FASHION LOVING INDIVIDUAL, INC.

FILED Sep 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3404 S. VIRGINIA COURT TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 3404 S. VIRGINIA COURT TAMPA, FL 33629 FEI Number: 80-0137577 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, MANUEL J 109 NORTH BRUSH STREET, SUITE 500 TAMPA, FL 33602 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VALENTI, ANGIE Name: Name: 3404 S. VIRGINIA COURT Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition VALENTI, RUSSELL Name: Name: 3404 S. VIRGINIA COURT Address: Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete GENTRY, DORIS Name: Name: 1870 HOLLY HURST DR Address Address: City-St-Zip: City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: ( ) Change (X) Addition GOOD, CYNTHIA Name: Name: Address: Address: 3614 W SAN LUIS City-St-Zip: City-St-Zip: TAMPA, FL 33629 Title: Title: ( ) Change (X) Addition ( ) Delete JONES, GRAHAM Name: Name: Address: Address: 3614 W SAN LUIS City-St-Zip: City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: ( ) Change (X) Addition Name: Name: VALENTI, JAKE 3614 W SAN LUIS Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33629

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: ANGELA G VALENTI P 09/04/2007