
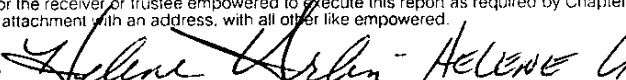


FILED
May 14, 2008 8:00 am
Secretary of State

DOCUMENT # P07000117922			
1. Entity Name COSTUMES AND FANTASIES INC.			
Principal Place of Business 154 129 AVE. WEST MADEIRA BEACH, FL 33708		Mailing Address 154 129 AVE. WEST MADEIRA BEACH, FL 33708	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SCOTT, PETER 1623 KEYSTONE CT. CLEARWATER, FL 33756		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ Ad	
10. OFFICERS AND DIRECTORS			
TITLE	DPT	<input type="checkbox"/> Delete	
NAME	URBIN, HELENE		
STREET ADDRESS	804 BRUCE AVE.		
CITY-ST-ZIP	CLEARWATER, FL 33767		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	SCOTT, PETER		
STREET ADDRESS	1623 KEYSTONE CT		
CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	V	<input type="checkbox"/> Delete	
NAME	ALLEN, ROGER		
STREET ADDRESS	10907 KITTY HAWK DR.		
CITY-ST-ZIP	TAMPA, FL 33625		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11.			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60A, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			