2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 14, 2008 8:00 am Secretary of State **DOCUMENT # P07000117922** 05-14-2008 90010 050 ***150.00 COSTUMES AND FANTASIES INC. Principal Place of Business Mailing Address 154 129 AVE. WEST 154 129 AVE. WEST MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04232008 CR2E034 (12/06) Cha-P Applied For 4. FEI Number City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, PETER Street Address (P.O. Box Number is Not Acceptable) 1623 KEYSTONE,CT. CLEARWATER, FL 33756 Zip Code FL 8. The above naaded 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 displayed agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPT ☐ Change ☐ Addition ☐ Delete TITLE TITLE URBIN, HELENE NAME NAME STREET ADDRESS 804 BRUCE AVE. STREET ADDRESS CLEARWATER, FL 33767 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DS ☐ Delete TITLE ☐ Change SCOTT, PETER NAME NAME STREET ADDRESS 1623 KEYSTONE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33756 ☐ Change ☐ Addition TITLE ☐ Delete TITLE ALLEN, ROGER NAME NAME 10907 KITTY HAWK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33625** CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Oclete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.

Daytime Phone #