2003 FOR PROFIT CORPORATI

DOCUMENT # P9300008586 1. Entity Name NANNY'S ATTIC, INC.					FILED 03 FEB 26 PM 12: 15 SLEMETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 124 N SWINTON AVE DELRAY BEACH FL 33444 US		Mailing Address 124 N SWINTON AVE DELRAY BEACH FL 33444 US			,		
Principal Place of Business 3. Mailing Address					1 (MBU(FBB) FUN (MUND 1271) WU())	OEITI OOLII OOLII INISI IKISI SIIDI ISIIN OIII (RD)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					10-29-02 CHECK HERE IS	MAKING CHANGES O. OU	
City & State		City & State			4. FEI Number 65-0386341	Applied For Not Applicable	
Zip ;	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Re	<u>'</u>	
DUGGAN	DARLENE			- Pantu			
124 N SWINTON AVE Street Address (P.O. Box Number is Not Acceptable)							
DELRAY BEACH FL 33444							
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAN, THOMAS J 710 N SWINTON AVENUE DELRAY BEACH FL 33444	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dugo Tro Deli	an Thomas Jr. N. Swinton A My Bun FL 32	□ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGAIN, DARLENE F 710 N SWINTON AVE DELRAY BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Duggan Thomas 1000 Swinting Sciray Bun E	Delete PSPHHH	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D~~	dicate Ruma	☐ Change ☐ Addition From 2002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	used 200	41/2	S ON Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.							

SIGNATURE:

Affen: Shan Toner.

Per our convergation 2/24/03 I am requesting my over payment for my 2002 Unisum Bysiness Report filing be ugd-to-pay 2003 filing. I am sending my report directly to you as requested. If you need my Sither assistance plays call 561-276-3766 home 561-278-8877 WORK Dartene Duggan

Thanks Authologen