2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

Jul 21, 2004 8:00 am Secretary of State DOCUMENT # P93000034644 07-21-2004 90027 032 ***150.00 EXCLUSIVE DESIGNS OF FLORIDA, INC. Principal Place of Business Mailing Address 230 MIRROR LAKE DR N P 0 B0X 20611 44049219 TAMPA, FL 33622 US ST PETERSBURG, FL 33701 No Chg-P 01272004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3184456 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CULLEM, JOHN P DO NOT WRITE 856 2ND AVENUE NORTH ST. PETERSBURG, FL. 33701 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE THOMAS, SHELLY B NAMÉ 4107 CROSSWATER DR PO BOX 20611 STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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

FILED

Affachmens

- Make check payable to Florida Department of State. Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

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	EXCLUSIVE DESIGNS OF FLORI			6387
<i>7</i> 0 4 41	PH. 727-821-0157 P.O. BOX 20611 TAMPA, FL 33622		1/27	2004 63-27/631
Pay to the Order of	Daris cono of Co	orporation	· · · · · · · · · · · · · · · · · · ·	⊥\$ 150.00
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	BANK OF AMERICA BANK OF AMERICA OF FLORIDA, N.A.		•	
For		Signed	Lynn	Thomas.
Mail completed report to:				
Division of Corporations Courler Address: (overnight delivery)				

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Courler Address: (overnight delivery) Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

07/14/04

Attn: Reinstatement Secretary

As per our discussion by phone, copies of the original check and Annual Report filed in January 2004 are enclosed. Another check for \$150.00 is being sent as well. Hopefully you will receive and post this report and check and this matter will be resolved.

Thank-you,

Shelly Thomas, President

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Exclusive Designs, Inc.

P.O. Box 20611

Tampa, FL 33622