


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90048 015 ***150.00

DOCUMENT # P94000009775 1. Entity Name DRAWER FULL OF LINGERIE III, INC.	
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Principal Place of Business 2200 W GLADES ROAD #915 BOCA RATON, FL 33431	Mailing Address 2200 W GLADES ROAD #915 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENNON, DONNA
2200 W GLADES RD
STE 915
BOCA RATON, FL 33431

**DO NOT WRITE
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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNON, DONNA 2200 W. GLADES RD. SUITE 915 BOCA RATON, FL 33431	<i>GLADES</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIVERMAN, DENISE 2200 W. GLADES RD. SUITE 915 BOCA RATON, FL 33431	<i>GLADES</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Donna Lennon* **1/20/05** **561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #