2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 25, 2005 8:00 am Secretary of State 04-21-2005 90232 050 ***150.00 **DOCUMENT # P95000015678** 1. Entity Name TINA'S JEWELRY, INC. PP010041 Principal Place of Business Mailing Address **877 EAST BLOOMINGDALE AVENUE** 877 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511 A_{ij} BRANDON, FL 33511 No Chg-P 04182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3302541. Not Applicable \$8.75 Additional 5. Certilicate of Status Desired 6. Name and Address of Current Registered Agent VU PHAM, DARRICK DO NOT WRITE 9922 ALSOBROOK AVE. RIVERVIEW, FL 33569 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 — After May 1, 2005 Fee will be \$550.00 . .9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE VU PHAM, DARRICK NAME STREET ADORESS 9922 ALSOBROOK AVE. CITY-ST-ZP RIVERVIEW, FL 33569 nne NAME ANH PHAM, HONG STREET ADDRESS 9922 ALSOBROOK AVE. CITY-ST-ZIP RIVERVIEW, FL 33569 MLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE-NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or flustee 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.

VU PHMMI, VHKRICK

SIGNATURE:

NAME STREET ADDRESS CITY-ST-JIP

PRESIDENT

813 684-8181

FILED