2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # P96000083209** AFFORDABLE ELEGANCE, INC. Principal Place of Business Mailing Address 34734 US HWY 19 N 34734 US HWY 19 N PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 CR2E034 (11/05) 02192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3403825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DASHER, GAIL S 34734 US HWY 19 N PALM HARBOR, FL 34684 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS TITLE DASHER, GAIL S NAME 911 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 U00000836084 TITLE 03/04/08-80001-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

77.7

12. I hereby certify that the information supplied with this filing does not qualify 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 with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ITED MAME OF SIGNING OFFICER OR DIRECTOR

127-771-1717