## Closed 1/20/01

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9800007493  1. Entity Name FASHION BUG #3146, INC.						FILED  04 AUG 18 PM 1: 40  SECRETARY OF STATE					
Principal Place of Business OCEAN SPRINGS SHOPPING CENTER 991 E EUGLALLIO BLVD. INDIAN HARBOR BEACH, FL 32937  Mailing Address 3750 STATE RD CORP TAX DEPT BENSALEM, PA 19020						I ( <b>I 5</b> 1) <b>I</b> 5 1	TALLAHA:	SSEE, F	LORIDA	## <b>                                    </b>	
2. Principal Place of Business 3. Mailing Address 3. T50 State Road											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				07212004	Chg-P	CR2E	034 (10/03)		
City & State		City & State				4. FEI Numbe			<b>⊢</b> ⊢	pplied For	
Rensal	Country	Zip	ry		23-294  5. Certificate	of Status Desired		\$8.75 Add			
1902	6. Name and Address of Current Registered Agent				-		Address of New		Fee Require Agent	d	
COPPORA		Name									
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)						
TÁLLAHASSEE, FL 32301-2525											
1					City FL Zip Code						
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 \$550.00  Due by September 8, 2004  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10.	OFFICERS AND	Delete Delete	11.		V - Pc		Sec Die	FICERS AN	D DIRECTOR: Change	S IN 11	
NAME STREET ADDRESS	BERN, DORRIT			i N	Neal Glucck						
CITY-ST-ZIP	BENSALEM, PA 19020		ST-ZIP 3	3750 Ben	solem	PA 190	220				
TITLE NAME STREET ADDRESS	•• · · · · · · · - · · · -			ET ADDRESS 4	20 € 50 €	esident ic specker o winks lane					
CITY-ST-ZIP	BENSALEM, PA 19020 V	Deiele TITL			<del>Jens</del>	alem f	A 13030	0	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SULLIVAN, JOHN J 450 WINKS LANE BENSALEM, PA 19020		ET ADDRESS ST-ZIP	200040318502 08/19/0401013012 **550.(							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		FT ADDRESS 4	650 150	winks 1	ieberron		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			\R4	SIB			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP	•				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 fepor in 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 eport 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 address with all other like empowered.											
SIGNATURE: Neal Glueck 7-26-04 (215)633.4883  SIGNATURE: Neal Glueck 7-26-04 (215)633.4883  Date Dayline Phone #											