## 2007 FOR PROFIT CORPORATION . \* ANNUAL REPORT

## FILED Mar 22, 2007 08:00 A Secretary of State

ANNUAL REPURI				_		Secretary of St
DOCUMENT # P98000015893 1. Entity Name						secretary or st
	N SCHOOL APPAREL, INC.			)		
Principal Plac	e of Business	Mailing Address	<u>'</u>	7		
10060 W. MC		951 S.W.4TH AVE.		1		
TAMARAC, FL	. 33321	BOCA RATON, FL 33432				
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					0 10101 10511 0311 00511 031	
			03072007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Numb		Applied For
			<del>-</del>	65-081		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		_!	_ <del>_</del>	
BLAKESBERG, JON D				ъ.	NOT W	
951 SW 4TH AVE				טט	NOT W	KIIC
BOCA RATON, FL 33432				IN '	THIS SF	ACE
				** -		
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				5.00 May Be ided to Fees		
10.	OFFICERS AND DI	RECTORS	1		<u> </u>	
TITLE	P		İ			
NAME STREET ADDRESS	RAYMAN, MELISSA 10060 W MCNAB RD					
CITY-ST-ZIP	TAMARAC, FL 33321		I			
TITLE	VP					
NAME STREET ADDRESS	ZEIDWIG, CAROL 10060 W MCNAB RD				1010000 Covincy on	0675186 -80008-018 150.00
CITY-ST-ZIP	TAMARAC, FL 33321		l		03/30/01	000000010_120.00
TITLE						
NAME	·					
STREET ADDRESS CITY+ST-ZIP	}			DO	NOT W	RITE
TITLE			1	INI '	THIS SF	PACE
NAME				11.4	IIIIO OF	AOF.
STREET ADDRESS			J			
CITY-ST-ZIP TITLE		<u></u>				
THEE			1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.

P

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Men lung, Pres.

3/19/07

Daytime Phone #