FILED 2005 FOR PROFIT CORPORATION Apr 25, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P98000087752** ನೆ. Entity Name FASHION THREADS, INC. Mailing Address Principal Place of Business 1650 N.W. 33RD STREET 1650 N.W. 33RD STREET POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 No Chg-P 04192005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0903396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARACK, JEFFREY DO NOT WRITE 1650 NW 33RD ST POMPANO BEACH, FL 33064 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BARACK, HOWARD NAME STREET ADDRESS 1620 N.W. 106TH LANE CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE BARACK, JEFFREY NAME STREET ADDRESS 5776 NW 120 TR CORAL SPG, FL 33076 CITY-ST-ZIP TITLE BARACK, CRAIG NAME STREET ADDRESS 9285 LAKE SERENA DRIVE DO NOT WRITE City-ST-ZIP BOCA RATON, FL 33496 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 frue 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 of 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

UNIVARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR