


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90021 036 ***150.00

DOCUMENT # P99000084928	
1. Entity Name ON THE RAIL CLOTHING COMPANY, INC.	

Principal Place of Business 508 JEFFORDS, STE A & B CLEARWATER, FL 33756	Mailing Address 508 JEFFORDS, STE A & B CLEARWATER, FL 33756
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2. Principal Place of Business 13144 PARK Blvd	3. Mailing Address 13144 PARK Blvd.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Seminole, FL	City & State Seminole, FL
Zip 33776	Country USA

02082006 Chg-P CR2E034 (11/05)



4. FEI Number 59-3602529		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TERRELL, JANE B 10855 US HWY 19 CLEARWATER, FL 33764		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) 13144 PARK Blvd.		
Suite B		
City Seminole	FL	Zip Code 33776

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 *x*

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRELL, JANE 508 JEFFORDS, STE A & B CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13144 PARK Blvd, Suite B Seminole, FL. 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, LAURA 508 JEFFORDS, STE A & B CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13144 PARK Blvd. Suite B Seminole, FL. 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALACHE, LYNN 508 JEFFORDS, STE A & B CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13144 PARK Blvd. Suite B Seminole, FL. 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane B Terrell, Pres.

Date

Daytime Phone #

2/10/06

727-399-5800