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2004 FOR PROFIT CORPORATION		Apr 12, 2004 8:00 au
ANNUAL REPORT		Secretary of State
DOCUMENT # P99000093495 1. Entity Name		04-12-2004 90301 021 ***150.00

THE T-SHIRT CONNECTION, INC. 94049180 Principal Place of Business Mailing Address **4740 CONSTELLATION DRIVE 4740 CONSTELLATION DRIVE** GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 3. Mailing Address 2660 Settlers_Square 2. Principal Place of Business 2660_Settlers_Square Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 Chg-P CR2E034 (10/03) City & State
Gulf Breeze, City & State 4. FEI Number Applied For Gulf Breeze, $\mathbf{F}I$ FL59-3608139 Not Applicable Country Country \$8.75 Additional 3256**3** 3256**3** 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKIN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2660 Settlers Square 4740 CONSTELLATION DRIVE GULF BREEZE, FL 32561 Gulf Breeze 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 \$5.00 May Be 9. Election Campaign Financing_ FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Addition AKIN, BRIAN NAME NAME 2660 Settlers Square STREET ADDRESS 4740 CONSTELLATION DR STREET ADORESS GULF BREEZE, FL 32561 Gulf Breeze, FL 32563 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE , . Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE Change Addillon NAME HARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Defete _ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 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 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: