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07 850.916-0303 Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2007 8:00 am DOCUMENT # P99000093495 **Secretary of State** THE T-SHIRT CONNECTION, INC. 02-26-2007 90061 042 ***150.00 Principal Place of Business Mailing Address 2660 SETTLERS SQUARE 2660 SETTLERS SQUARE GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02162007 CR2E034 (12/06) Chg-P City & State Applied For 4. FEI Number City & State 59-3608139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent Name AKIN, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2660 SETTLERS SQUARE GULF BREEZE, FL 32563 Zip Code FI 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. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Delete Addition TITLE TITLE ☐ Change AKIN, BRIAN NAME NAME 2660 SETTLERS SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME 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 ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 of 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

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an

SIGNATURE: