

FILED
May 29, 2007 8:00 am
Secretary of State

04-27-2007 90216 020 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S68550 1. Entity Name BARBARELLA'S BRIDAL SERVICE INC.																													
Principal Place of Business 300 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952			Mailing Address 300 MERRITT SQUARE MALL MERRITT ISLAND, FL 32952																										
2. Principal Place of Business - No P.O. Box # 234 KING ST.		3. Mailing Address 201 SYKES LOOP DR																											
Suite, Apt. #, etc. Suite 120		Suite, Apt. #, etc. 																											
City & State COCOA FL		City & State MERRITT ISLAND, FL		4. FEI Number 59-3080692																									
Zip 32922		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SHARPE, MARY R 201 SYKES LOOP DRIVE MERRITT ISLAND, FL 32953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: <u>Mary R. Sharpe</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHARPE, DOUGLAS L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 SYKES LOOP DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MERRITT ISLAND, FL 32953</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	SHARPE, DOUGLAS L		STREET ADDRESS	201 SYKES LOOP DRIVE		CITY - ST - ZIP	MERRITT ISLAND, FL 32953		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Douglas Sharpe</u> <u>DOUGLAS SHARPE</u> <u>5/21/07</u> <u>921-453-2400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #</small>																													