2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 28, 2005 08:00 AM DOCUMENT # S99176 1. Entity Name **Secretary of State** BATH & BOUDOIR FASHIONS, INC. Principal Place of Business Mailing Address 27001 US 19 NORTH #1037 COUNTRYSIDE MALL 8310 7TH STREET NORTH SAINT PETERSBURG FL 33702 CLEARWATER FL 34621 US 2. Principal Place of Business _____ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3097044 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, FENG-I R 8310 7TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG FL 33702 City Zip Code FL 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. 1750/08 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete THREE Change Addition U00000279285 WANG, CHIOU-ER E NAME NAME 03/28/05-80061-006 150.00 8310 7TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition CHEN, FENG-I R NAME NAME STREET ADDRESS 8310 7TH STREET NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CHY-SI-78 Delete TITLE HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7/P INTLE ☐ Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P City-St-ZiF HITLE ☐ Delete HILE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST 7/P CHY-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.

OFFICER OR DIRECTOR

SIGNATURE:

1/20/05 727-576-1669
Date Date Phono #