


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

#59800  
 4/13/04

**DOCUMENT # P96000016629**  
 1. Entity Name  
**FABS BEACHWEAR, INC.**



Principal Place of Business 2236 COUNTY HIGHWAY 30-A SUITE 7 SEASIDE, FL 32459	Mailing Address PO BOX 4783 SANTA ROSA BEACH, FL 32459
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03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2221775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBINSON, CRAIG S  
 1184-D CIRCLE DRIVE  
 DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE IN THIS SPACE**

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: *Philip S Stevenson* DATE: 3/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000128887  
 04/26/04-80055-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	STEVENSON, PHILIP S
STREET ADDRESS	940 WEYMAN COURT
CITY - ST - ZIP	ATLANTA, GA 30327
TITLE	P
NAME	STEVENSON, ELIZABETH
STREET ADDRESS	940 WEYMAN COURT
CITY - ST - ZIP	ATLANTA, GA 30327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Philip S Stevenson* DATE: 3/27/04 DAYTIME PHONE #: (407) 888-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR