


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 594493 1. Entity Name PEEPLES CLOTHING AND SHOE STORE, INC.	
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Principal Place of Business 4140 COATS ROAD ZEPHYRHILLS FL 33541 US	Mailing Address P.O. BOX 1058 ZEPHYRHILLS FL 33539 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1st MOORE CR2E034 (10/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-1870345
Zip	Country	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEEPLES, ERNEST L 4140 COATS ROAD ZEPHYRHILLS FL 33541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete PEEPLES, ERNEST 4140 COATS ROAD ZEPHYRHILLS FL
NAME	PEEPLES, ERNEST
STREET ADDRESS	4140 COATS ROAD
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VST <input type="checkbox"/> Delete PEEPLES, JIMMIE 4140 COATS ROAD ZEPHYRHILLS FL
NAME	PEEPLES, JIMMIE
STREET ADDRESS	4140 COATS ROAD
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> Delete PEEPLES, JIMMIE 4140 COATS ROAD ZEPHYRHILLS FL
NAME	PEEPLES, JIMMIE
STREET ADDRESS	4140 COATS ROAD
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000893617 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	04/23/08-80113-010 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jimmie Peoples Jimmie Peoples 4/8/2008 813 782-2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #