

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90019 021 \*\*\*158.75

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01032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F02000005505</b>					
1. Entity Name SACKS GROCERY OUTLETS, INC.					
Principal Place of Business 6013 EDGEWATER DRIVE ORLANDO, FL 32810			Mailing Address 6013 EDGEWATER DRIVE ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 68-0518529	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOLL, DARRYL M 6013 EDGEWATER DRIVE ORLANDO, FL 32810			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLL, LLOYD H		NAME		
STREET ADDRESS	213 W. 39TH STREET		STREET ADDRESS		
CITY - ST - ZIP	READING, PA 19606		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLL, LUISE G		NAME		
STREET ADDRESS	213 W. 39TH STREET		STREET ADDRESS		
CITY - ST - ZIP	READING, PA 19606		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Darryl M. Moll	
STREET ADDRESS			STREET ADDRESS	6013 Edgewater Drive	
CITY - ST - ZIP			CITY - ST - ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Darryl M Moll</u>		Date: <u>3/14/07</u>		Daytime Phone #: <u>407-447-4497</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	