2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96535

Entity Name: DAVID'S BRIDAL, INC.

FILED Apr 16, 2007 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	HINGTON STR OCKEN, PA 1				
Current Mailing Address:			New Mailir	ng Address:	
1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428					
FEI Number: 65-0214563 FEI Number Applied For () FEI Num			l Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO ()[HUTH, ROBERT 1001 WASHINGT CONSHOHOCKE	ON AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SVRE () [FROST, ROBER [*] 1001 WASHINGT CONSHOHOCKE	ON AVENUE	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition MORPHIS, GENE 1001 WASHINGTON AVENUE CONSHOHOCKEN, PA 19428	
Title: Name: Address: City-St-Zip:	VP () EFINGLETON, THO 611 OLIVE STRE SAINT LOUIS, MO	ET	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition GALBO, PHILIP 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428	
Title: Name: Address: City-St-Zip:	VP () DOERR, MARTIN 611 OLIVE STRE SAINT LOUIS, MO	ET	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition MIRSKY, MICHAEL 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428	
Title: Name: Address: City-St-Zip:	SRVP () E BRODERICK, DE 7 WEST SEVENT CINCINNATI, OH	TH ST	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition POSTELLE, FRED 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428	
Title: Name: Address: City-St-Zip:	VP () CHARLSON, ALA 611 OLIVE STRE SAINT LOUIS, MO	ET	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition PAYNE, CINDY 1001 WASHINGTON STREET CONSHOHOCKEN, PA 19428	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP GALBO TREA 04/16/2007