2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# P03000096240

Entity Name: E. ALEXANDRA CLOTHIERS, INC.

Current Principal Place of Business:

6505 SW ARCHER ROAD
2051
GAINESVILLE, FL 32608

New Principal Place of Business:

6505 SW ARCHER ROAD
2052
GAINESVILLE, FL 32608

Current Mailing Address:

POST OFFICE BOX 357970
GAINESVILLE, FL 326357970 US

New Mailing Address:

FEI Number: 56-2397512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH
SUITE 380
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: BRECKENRIDGE, JEANETTE H
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

Title: VP
Name: ALLEY, G. MASON IV
Address: 1642 NW 11TH RD
City-St-Zip: GAINESVILLE, FL 32605

Title: VP
Name: BARTON, CHRISTA B
Address: 5927 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: S
Name: BRECKENRIDGE, JEANETTE H
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

Title: T
Name: BRECKENRIDGE, JEANETTE H
Address: POST OFFICE BOX 357970
City-St-Zip: GAINESVILLE, FL 326357970

I hereby 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 all other like empowered.

SIGNATURE: JEANETTE H. BRECKENRIDGE P 04/20/2012

Electronic Signature of Signing Officer or Director — Date