

**2007 FOR PROFIT CORPORATION
 AMENDED ANNUAL REPORT**

FILED

2007 JUN 22 PM 2:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P06000048936					
1. Entity Name TREASURE COVE WHOLESALE, INC.					
Principal Place of Business 3904 NORTH CIRCLE DRIVE HOLLYWOOD, FL 33021		Mailing Address 3904 NORTH CIRCLE DRIVE HOLLYWOOD, FL 33021		<p>05229007 Chg-F CR2004 (12/05)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Basis, Act. #, etc.		Basis, Act. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 20-4840369	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 WORLDWIDE CORPORATE SERVICES, INC. 2780 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>(Signature typed or printed name of registered agent acceptable) NOTE: Registered agent address required with principal</small>					
Amended AR to 601.85		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Action
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 and name the same local office as if made under oath; that I am an officer or director of the corporation of 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 of changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: <i>Felice Scharr</i>				6-22-07 954 9665059	

**fee waived, original 2007 improperly submitted*