

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072446

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DAVID'S BRIDAL OF ORLANDO, INC.

## Current Principal Place of Business:

1001 WASHINGTON AVENUE  
CONSHOHOCKEN, PA 19428

## New Principal Place of Business:

## Current Mailing Address:

1001 WASHINGTON AVENUE  
CONSHOHOCKEN, PA 19428

## New Mailing Address:

FEI Number: 23-3003179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: HUTH, ROBERT D  
Address: 1001 WASHINGTON AVENUE  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CFO ( ) Delete  
Name: MORPHIS, GENE  
Address: 1001 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: TREA ( ) Delete  
Name: GALBO, PHILIP  
Address: 1001 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: ASEC ( ) Delete  
Name: MIRSKY, MICHAEL  
Address: 1001 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP ( ) Delete  
Name: POSTELLE, FRED  
Address: 1001 WASHINGTON AVE  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP ( ) Delete  
Name: PAYNE, CINDY  
Address: 1001 WASHINGTON AVE  
City-St-Zip: CONSHOHOCKEN, PA 19428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/20/2009

Electronic Signature of Signing Officer or Director

Date