

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072084

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: THE FRAGRANCE DEPOT OF MICHIGAN, INC.

## Current Principal Place of Business:

GREAT LAKES CROSSING MALL  
4768 BALDWIN RD, #135-I  
AUBURN HILLS, MI 48326

## New Principal Place of Business:

## Current Mailing Address:

12801 W SUNRISE BLVD  
STORE #201  
SUNRISE, FL 33323

## New Mailing Address:

FEI Number: 65-0794675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPELLA, JOHN W  
12801 W SUNRISE BLVD  
STORE #201  
SUNRISE, FL 33323 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: DP ( ) Delete  
Name: CAPELLA, JOHN W  
Address: 12801 W SUNRISE BLVD  
City-St-Zip: SUNRISE, FL 33323

Title: DVS ( ) Delete  
Name: CAPELLA, ANNE M  
Address: 12801 W SUNRISE BLVD  
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Delete  
Name: MCGEE, BARBARA  
Address: 4362 MAHOGANY RIDGE DR  
City-St-Zip: WESTON, FL 33331

## 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:

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: ANNE M. CAPELLA

VS

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date