2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2006 08:00 AM Secretary of State **DOCUMENT #824712** VARIETY STORES, INC. Principal Place of Business Mailing Address 218 S GARNETT STREET P.O. DRAWER 947 HENDERSON, NC 27536 HENDERSON, NC 27536 US 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-0382475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE POPE, JOHN W 3401 GRESHAM'S LAKE RD STREET ADDRESS U00000561323 05/19/06-80009-025 150.00 CITY-ST-ZIP RALEIGH, NC 27619 TITLE SAWYER, CW MAME STREET ADDRESS 3401 GRESHAM'S LAKE ROAD CITY-ST-ZIP RALEIGH, NC 27619 DVST TITLE POPE, JAMES A NAME STREET ADDRESS 3401 GRESHAM'S LAKE ROAD DO NOT WRITE CITY-ST-ZIP RALEIGH, NC 27619 VPC HILF IN THIS SPACE SPRUNGER, BRANT STREET ADDRESS 1000 FACET ROAD CITY-ST-ZIP HENDERSON, NC 27537 NAME FAVREAU, KEITH STREET ADDRESS 1000 FACEY ROAD CITY-ST-ZIP HENDERSON, NC 27536 NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED