

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 854552

FILED
Oct 19, 2005
Secretary of State

Entity Name: WH SMITH NEWS AND GIFT SHOPS INC.

Current Principal Place of Business:

6205 BLUE LAGOON DRIVE
STE 550
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6205 BLUE LAGOON DRIVE
STE 550
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 58-1123802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: ANDERSON, SEAN
Address: 6205 BLUE LAGOON DR STE 550
City-St-Zip: MIAMI, FL 33126

Title: CFO () Delete
Name: MANHIRE, RICHARD
Address: 6205 BLUE LAGOON DR STE 550
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: MINER, TRICIA
Address: 6205 BLUE LAGOON DR STE 550
City-St-Zip: MIAMI, FL 33126

Title: EVP (X) Delete
Name: VARLEY, ROBERT
Address: 6205 BLUE LAGOON DR STE 550
City-St-Zip: MIAMI, FL 33126

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SEAN ANDERSON

D

10/19/2005

Electronic Signature of Signing Officer or Director

Date