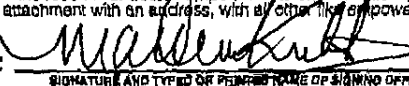


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003541		
1. Entity Name GLORIA JEAN'S GOURMET COFFEES CORP.		
Principal Place of Business 28 EXECUTIVE PARK #200 IRVINE, CA 92614		Mailing Address 28 EXECUTIVE PARK #200 IRVINE, CA 92614
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 title if applicable. (NOTE: Registered Agent signature required when relinquishing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRITTON, PAMELA 28 EXECUTIVE PARK, SUITE 200 IRVINE, CA 92614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGUINNESS, MATTHEW C 28 EXECUTIVE PARK, SUITE 200 IRVINE, CA 92614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIMBLE, MATHEW 28 EXECUTIVE PARK, SUITE 200 IRVINE, CA 92614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD LYNCH, MARTIN 28 EXECUTIVE PARK, SUITE 200 IRVINE, CA 92614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVERTY, ROGER 28 EXECUTIVE PARK, SUITE 200 IRVINE, CA 92614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
SIGNATURE: 		4/4/2005 944-260-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-3185413Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U000000297050
04/11/05-80013-003 150.00**DO NOT WRITE
IN THIS SPACE**