

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90001 044 \*\*\*150.00

07-02-2007 90036 047 \*\*\*400.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # F02000003541</b><br>1. Entity Name<br><b>GLORIA JEAN'S GOURMET COFFEES CORP.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>28 EXECUTIVE PARK #200</b><br><b>ATTN: NORMA</b><br><b>IRVINE, CA 92614</b>  |   |  | Mailing Address<br><b>28 EXECUTIVE PARK #200</b><br><b>ATTN: NORMA</b><br><b>IRVINE, CA 92614</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |  |
| City & State<br>Zip Country  |   | City & State<br>Zip Country  |   | 4. FEI Number<br><b>36-3185413</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DS<br>BRITTON, PAMELA<br>28 EXECUTIVE PARK, SUITE 200<br>IRVINE, CA 92614 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | AS <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DT <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| 12. I hereby certify that the information supplied with this filing 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <u>PAMELA BRITTON</u> <b>PAMELA BRITTON President</b>  |   |  | <b>6/12/07</b> <b>949-260-6757</b><br><small>Date Daytime Phone #</small>   |  |  |

40122354





40122354

#F02000003541

June 12, 2007

VIA UPS NEXT DAY DELIVERY

Florida Dept. of State  
Secretary of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Dear Sirs:

Enclosed please find our 2007 For Profit Corporation Annual Report and the filing fee of \$150.00. Please waive the late fee due to not receiving the form that we verbally requested to have mailed to us prior to the due date. We could not download the form from your website or file online as our access was denied.

Should you have any questions, please contact me at (949) 260-6757.

Sincerely,

GLORIA JEAN'S GOURMET COFFEES CORP.

*N. Romero*

Norma Romero  
Franchise Sales Administrator

Enclosures