2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2007 90208 038 ***150.00 DOCUMENT #F02000005231 TED BAKER LIMITED, INC. 4000000 Principal Place of Business Mailing Address 3510 UNOCAL PLACE 3510 UNOCAL PLACE SUITE 300 SUITE 300 SANTA ROSA, CA 95403 SANTA ROSA, CA 95403 2. Principal Place of Business - No P.O. Box # 415 TALMAGE 04252007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 13-3953341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPENHEIM, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE. **SUITE 1107** MIAMI, FL 33131 City Zip Code 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, type or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change NAME KELVIN, RAYMOND NAME 800 BRICKELL AVE, STE. 1107 STREET ADDRESS STREET ADDRESS 3510 UNOCAL PLACE # 300 MIAM), FL 33131 CITY-ST-ZIP SANTA ROSA, CA 95403 CITY-ST-ZIP TITLE ☐ Delete TITLE GREEN, RICHARD NAME NAME 800 BRICKELL AVE, STE. 1107 MIDMI, FL 33131 STREET ADDRESS 3510 UNOCAL PLACE SUITE 300 STREET ADDRESS CITY-ST-ZIP SANTA ROSA, CA 95403 CITY-ST-ZIP TITLE STD ☐ Delete TITLE PAGE, LINDSAY NAME NAME 800 BRICKELL AVE., STE. 1107 3510 UNOCAL PLACE SUITE 300 STREET ADDRESS STREET ADDRESS MIAMI, FL 33/3/ CITY-ST-7IP SANTA ROSA, CA 95403 CITY-ST-ZIP Delete Change TITLE ☐ Addition TITLE OPPENHEIM, STEVEN P NAME NAME STREET ADDRESS 800 BRICKELL AVE., SUITE 1107 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-7IP HILE TITLE: Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attact/pent with an address withall other like empowered. STEVEN P. OPPENDETIM

FILED

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