

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90040 030 ***150.00

DOCUMENT # F03000002003 1. Entity Name COST PLUS, INC.					
Principal Place of Business 200 4TH STREET OAKLAND, CA 94607			Mailing Address P.O. BOX 23350 OAKLAND, CA 94623-2335		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	IPCE	<input checked="" type="checkbox"/> Delete	TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GURR, DANNY		NAME	Barry J. Feld	
STREET ADDRESS	200 4TH STREET		STREET ADDRESS	200 4th Street	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	Oakland CA 94607	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUTTRELL, JOHN J		NAME	Thomas Willardson	
STREET ADDRESS	200 4TH STREET		STREET ADDRESS	200 4th Street	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	Oakland, CA 94607	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEATHERFORD, GARY D		NAME	Jane L. Baughman	
STREET ADDRESS	200 4TH STREET		STREET ADDRESS	200 4th Street	
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP	Oakland, CA 94607	
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	FUJII, JOAN S		NAME		
STREET ADDRESS	200 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	ALLEN, MICHAEL J		NAME		
STREET ADDRESS	200 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND, CA 94607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>John J. Luttrell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/16/06 (510) 893-7300 <small>Date Daytime Phone #</small>		

Cost Plus, Inc.
200 Fourth Street
Oakland, California 94607
tel 510 893 7300
fax 510 893 3681
www.costplusworldmarket.com

ATTACHMENT
40013695
#703000002003



February 10, 2006

Florida Secretary of State
PO Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report

To Whom It May Concern:

Enclosed please find the Annual Report for Cost Plus, Inc.. I have enclosed a check for \$150.00 to cover the fee.

I hope you find everything in order. If you have any questions or need any other information please give me a call at (925) 376-2794. Thank you.

Very truly yours,

A handwritten signature in cursive script that reads "Rhoda L. Regalado".

Rhoda L. Regalado
Beverage Licensing Manager