

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F05000005757</b> 1. Entity Name <b>BIJOU BRIGITTE INC.</b>					
Principal Place of Business <b>POPPENBUTTLER HOGEN 1</b> <b>22399 HAMBURG, GERMANY,</b>				Mailing Address <b>POPPENBUTTLER HOGEN 1</b> <b>22399 HAMBURG, GERMANY,</b>	
2. Principal Place of Business <b>1221 Brickell Avenue</b>				3. Mailing Address <b>1221 Brickell Avenue</b>	
Suite, Apt. #, etc. <b>Suite 935</b>				Suite, Apt. #, etc. <b>Suite 935</b>	
City & State <b>Miami, FL</b>				City & State <b>Miami, FL</b>	
Zip <b>33131</b>		Country <b>USA</b>		4. FEI Number <b>11-3762028</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WERNER, ROLAND POPPENBUTTLER HOGEN 1 22399 HAMBURG, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WERNER, ROLAND POPPENBUETTELER BOGEN 1 22399 HAMBURG, GERMANY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KOETKE, GERT POPPENBUTTLER HOGEN 1 22399 HAMBURG, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KOETKE, GERT POPPENBUETTELER BOGEN 1 22399 HAMBURG, GERMANY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GABRIEL, MARC POPPENBUTTLER HOGEN 1 22399 HAMBURG, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GABRIEL, MARC POPPENBUETTELER BOGEN 1 22399 HAMBURG, GERMANY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT PORR, VERONIQUE POPPENBUTTLER HOGEN 1 22399 HAMBURG, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PORR, VERONIQUE POPPENBUETTELER BOGEN 1 22399 HAMBURG, GERMANY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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> <i>Y. Porr</i> <b>VERONIQUE PORR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>08/16/2006</b> <small>Date Daytime Phone #</small>		