
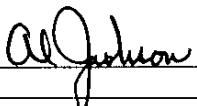


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90329 040 \*\*\*150.00

DOCUMENT # F05000007567					
1. Entity Name HDM RETAIL, INC.					
Principal Place of Business 1925 EASTCHESTER DRIVE HIGH POINT, NC 27265 US		Mailing Address 101 SOUTH HANLEY ROAD 19TH FLOOR TAX DEPT SAINT LOUIS, MO 63105 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-1726125 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, JEFF		NAME		
STREET ADDRESS	1925 EASTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT, NC 27265		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	EVP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLESON, BRYAN		NAME	Kurt Kappel	
STREET ADDRESS	1925 EASTCHESTER DRIVE		STREET ADDRESS	1925 Eastchester Drive	
CITY-ST-ZIP	HIGH POINT, NC 27265		CITY-ST-ZIP	High Point, NC 27265	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, TRACY		NAME		
STREET ADDRESS	1925 EASTCHESTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGH POINT, NC 27265		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, AL		NAME		
STREET ADDRESS	101 SOUTH HANLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS, MO 63105		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIMAN, W G		NAME		
STREET ADDRESS	201 S. SPRING ST., SUITE 520		STREET ADDRESS		
CITY-ST-ZIP	TUPELO, MS 388044854		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPPERFIELD, LYNN		NAME		
STREET ADDRESS	101 S. HALEY, SUITE 1900		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63105		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: Al Jackson, Assistant Treasurer				4-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	