
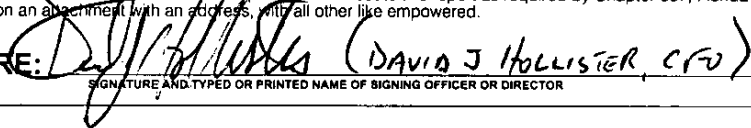


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 027 ***150.00

DOCUMENT # F93000000130			
1. Entity Name BRODER BROS., CO.			
Principal Place of Business 401 EAST HUNTING PARK AVENUE PHILADELPHIA, PA 19124		Mailing Address 6 NESHAMINY INTERPLEX 6TH PL TREVOISE, PA 19053	
2. Principal Place of Business 6 Neshaminy Interplex		3. Mailing Address	
Suite, Apt. #, etc. 6th Floor		Suite, Apt. #, etc.	
City & State Trevose		City & State	
Zip 19053	Country USA	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	DP TYRA, VINCENT 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interim CEO Thomas Myers 6 Neshaminy Interplex, 6th Floor Trevose, PA 19053 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS HOLLISTER, DAVID 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <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	DEVP BARROCAS, MARK 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <input checked="" 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	EVP PUTNAM, GLENN 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <input checked="" 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	VPO HULLINGER, NORMAN 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President of Operations <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONARD, EDWARD 6 NESHAMINY INTERPLEX, 6TH FLOOR TREVOISE, FL 19053 <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.			
SIGNATURE:  (DAVID J HOLLISTER, CFO)		Date	5/1/06 (215)291-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #