

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90428 014 \*\*\*150.00

**DOCUMENT # F99000001479**

1. Entity Name  
 CITI TRENDS, INC.



Principal Place of Business: 102 FAHM ST. SAVANNAH, GA 31401

Mailing Address: 102 FAHM ST. SAVANNAH, GA 31401

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

4. FEI Number: 52-2150697  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: ANDERSON, ED STREET ADDRESS: 102 FAHM STREET CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Delete
TITLE: DV NAME: BELLINO, GEORGE STREET ADDRESS: 102 FAHM STREET CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Delete
TITLE: VTS NAME: STOLTZ, TOM STREET ADDRESS: 102 FAHM STREET CITY-ST-ZIP: SAVANNAH, GA 31401	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: NOLL, TRACY STREET ADDRESS: 2515 MCKINNEY AVE STE, 1200 LB 30 CITY-ST-ZIP: DALLAS, TX 752014659	<input type="checkbox"/> Delete
TITLE: D NAME: LUZIER, PATRICIA STREET ADDRESS: 102 FAHM ST. CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Delete
TITLE: D NAME: LUPO, JOHN STREET ADDRESS: 102 FAHM ST. CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VST NAME: SMITH, BRUCE STREET ADDRESS: 102 FAHM ST CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HYATT, LARRY STREET ADDRESS: 102 FAHM ST CITY-ST-ZIP: SAVANNAH, GA 31401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Bruce D. Smith, SVP Date: 4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR