2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-29-2007 90075 042 ***150.00

DOCUMENT # J70457

1. Entity Name
SPORTS & BUSTER BROWN, INC.

Principal Place of Business	Mailing Address
10131 SOUTHERN BLVD ROYAL PALM BEACH FL 33411 US	10131 SOUTHERN BLVD ROYAL PALM BEACH FL 33411 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

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2814623 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, JOHN J. JR ~~12704 WEST FOREST HILL BLVD.~~ ~~WEST PALM BEACH FL 33414~~ 10131 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) 10131 SOUTHERN BLVD City ROYAL PALM BEACH FL Zip Code 33411

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD COLLINS, JOHN J. JR ~~12704 WEST FOREST HILL~~ ~~WEST PALM BEACH FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10131 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOHN COLLINS 1-24-07 (561) 795-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #