2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K98021

Entity Name: DAVE'S CLOSET & ACCESSORIES, INC.

FILED Feb 07, 2006 Secretary of State

856 CAPE CORAL PARKWAY CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

856 CAPE CORAL PARKWAY CAPE CORAL, FL 33904

FEI Number: 65-0128952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WYNN, DAVID

856 CAPE CORAL PARKWAY

CAPE CORAL, FL 33914 US

DAVE'S CLOSETS & ACC., INC.

856 CAPE CORAL PARKWAY

CAPE CORAL, FL 33904 US

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.

SIGNATURE: DAVID A WYNN 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WYNN, DAVID,
 Name:
 WYNN, DAVID,

 Address:
 3603 PELICAN BLVD
 Address:
 3624 PELICAN BLVD

 Address:
 3603 PELICAN BLVD
 Address:
 3624 PELICAN BLVD

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL
 33914

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WYNN, BRENDA,
 Name:
 WYNN, BRENDA,

 Address:
 3603 PELICAN BLVD
 Address:
 3624 PELICAN BLVD

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 CAPE CORAL, FL
 33914

Title: T () Delete Title: () Change () Addition

 Name:
 CLEM, KEVIN
 Name:

 Address:
 4612 SW 13TH AVE.
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BATES, STEVÉ
 Name:
 BATES, STEVÉ

 Address:
 3314 SW 5TH PLACE
 Address:
 3603 PELICAN BLVD

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. WYNN D 02/07/2006