


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # M05000004045 1. Entity Name VELOCITY BRANDS LLC	
---	---

Principal Place of Business 170 CHARLESTON CIRCLE ROSWELL, GA 30076	Mailing Address 170 CHARLESTON CIRCLE ROSWELL, GA 30076
---	---

DO NOT WRITE IN THIS SPACE



05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0290787	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 14, 2007**

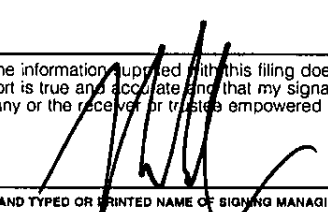
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, MARTIN A 222 BALDPATE HILL ROAD NEWTON, MA 02459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONKLIN, TERRENCE J 3 COTTON FARM LANE NORTH HAMPTON, NH 03862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAUCH, MICHAEL J 170 CHARLESTON CIRCLE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000765019
05/31/07-80022-007 55.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **5/5/07 404-725-1172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #