


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 037 ***150.00

DOCUMENT # M67258
 1. Entity Name
DEREK'S OF LONDON, INC.



Principal Place of Business Mailing Address
 115 VILANO RD.
 SAINT AUGUSTINE FL 32084
 US 115 VILANO RD.
 SAINT AUGUSTINE FL 32084
 US



2. Principal Place of Business - No P.O. Box #
115 VILANO RD. - FRONT
 Suite, Apt. #, etc.

3. Mailing Address
115 VILANO RD - FRONT
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
ST AUGUSTINE, FL **ST AUGUSTINE, FL.**

Zip Country Zip Country
32084 **US** **32084** **US**

4. FEI Number Applied For
59-2884465 Not Applicable

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

6. Name and Address of Current Registered Agent
BAILY, DEREK C
115 VILANO RD.
SAINT AUGUSTINE FL 32084

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAILY, DEREK C 115 VILANO RD. SAINT AUGUSTINE FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 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: Derek C Baily Date: 4/18/08 Daytime Phone #: (904) 829-0850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR