2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099692

Entity Name: BARGAIN BOOKS-R-US, INC.

FILED Apr 28, 2005 Secretary of State

400 S DIXIE HWY STE 3 5670 OAKTREE AVENUE HALLANDALE, FL 33309 HOLLYWOOD, FL 33312

Current Mailing Address: New Mailing Address:

400 S DIXIE HWY STE 3 5670 OAKTREE AVENUE HALLANDALE, FL 33309 HOLLYWOOD, FL 33312

FEI Number: 05-0588430 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:

KAUFMAN, BONNIE
400 S DIXIE HWY STE 3
HALLANDALE, FL 33309 US
KAUFMAN, BONNIE
5670 OAKTREE AVENUE
HOLLYWOOD, FL 33312 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: BONNIE KAUFMAN 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KAUFMAN, BONNIE
 Name:
 KAUFMAN, BONNIE

 Address:
 21230 NE 24 COURT
 Address:
 5670 OAKTREE AVENUE

 City-St-Zip:
 N MIAMI BEACH, FL 33180
 City-St-Zip:
 HOLLYWOOD, FL 33312

Title: VD () Delete Title: () Change () Addition

 Name:
 KESSLER, DAVID
 Name:

 Address:
 21230 NE 24 COURT
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL 33180
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 KESSLER, RITA
 Name:

 Address:
 21230 NE 24 COURT
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL 33180
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONNIE KAUFMAN PD 04/28/2005