2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2007
Secretary of State

DOCUMENT# P04000031743

Entity Name: BAGGAGE DEPOT INC

Current Principal Place of Business:

8001 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 450201
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 90-0144745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSTAFA, SHAKIR
14120 SIERRA VISTA DR.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MUSTAFA, MAZIN
14029 SIERRA VISTA DR.
ORLANDO, FL 32837 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: MAZIN MUSTAFA 03/11/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MUSTAFA, SHAKIR
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete
Name: MUSTAFA, MAZIN S
Address: 14029 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete
Name: MUSTAFA, KHALIDA
Address: PO BOX 450201
City-St-Zip: KISSIMMEE, FL 34745 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUSTAFA, MAZIN
Address: 14029 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: VP (X) Change ( ) Addition
Name: MUSTAFA, SHAKIR
Address: 14120 SIERRA VISTA DR.
City-St-Zip: ORLANDO, FL 32837 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MAZIN MUSTAFA P 03/11/2007
Electronic Signature of Signing Officer or Director Date