

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091831

FILED
May 25, 2005
Secretary of State

Entity Name: VICTORIA'S SECRET ROSE COFFEE & TEA ROOMS, INC.

Current Principal Place of Business:

225 W 3RD STREET
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

225 W 3RD STREET
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 14-1909686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SOUGLAS
225 W 3RD STREET
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SMITH, DOUGLAS
225 W 3RD STREET
BONITA SPRINGS, FL 34134 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: DOUGLAS SMITH

05/25/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, DOUGLAS
Address: 225 W 3RD STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: SMITH, AVRIL
Address: 225 W 3RD STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: SMITH, DOUGLAS
Address: 225 3RD ST W
City-St-Zip: BONITA SPRINGS, FL 34134

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: DOUGLAS SMITH

D

05/25/2005

Electronic Signature of Signing Officer or Director

Date