

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056802

FILED  
May 04, 2006  
Secretary of State

Entity Name: FACTORY DIRECT BRANDS, INC.

**Current Principal Place of Business:**

8706 GLENBURY CT S  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8706 GLENBURY CT S  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-2716508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GANNAM, ROGER K  
50 N LAURA ST STE 2600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

GANNAM, ROGER K  
12276 SAN JOSE BLVD  
SUITE 126  
JACKSONVILLE, FL 32223 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: ROGER K GANNAM

05/04/2006

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: ABRAHAM, NORMAN  
Address: 8706 GLENBURY CT S  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: ABRAHAM, JAY  
Address: 8706 GLENBURY CT S  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: ABRAHAM, PAM  
Address: 8706 GLENBURY CT S  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete  
Name: FRANCIS, DALE  
Address: 8706 GLENBURY CT S  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: NORMAN ABRAHAM

D

05/04/2006

Electronic Signature of Signing Officer or Director

Date