


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90029 028 ***158.75

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| DOCUMENT # P05000066658 |  |
| 1. Entity Name SOPHIE'S CLOSET, INC. | |

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| Principal Place of Business 5636 EDGEWATER DRIVE ORLANDO, FL 32810 | Mailing Address 5636 EDGEWATER DRIVE ORLANDO, FL 32810 |
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50025923



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|--------------------------------|---------------|---------------------|---------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | Orange | | Orange |

08162006 Chg-P CR2E034 (11/05)

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| 6. Name and Address of Current Registered Agent | |
| POND, MELANIE 5636 EDGEWATER DRIVE ORLANDO, FL, FL 32810 | |

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| 7. Name and Address of New Registered Agent | |
| Name Leslie Barley | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 5636 Edgewater Drive | |
| City Orlando | FL Zip Code 32810 |

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| 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 Leslie Barley, VP <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 8/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARLEY, LESLIE M 1671 OAKHURST AVE. WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POND, MELANIE G 1207 MALONE DRIVE ORLANDO, FL 32810 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leslie Barley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 8/16/06 Daytime Phone # 407.770.0010 |