## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 16, 2008 8:00 am Secretary of State

DOCUMENT # P07000070013  1. Entity Name BABIES & BEYOND CHILDREN'S CONSIGNMENT, INC.					¥		98 90027 011 ***1	
Orinainal Diag	o of Gueignes	Maillian Addison		L	<b>∃</b> ⊒∨∸	<b>-</b> -		
Principal Place of Business 5247 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		Mailing Address 5247 GULF BREEZE PARKWAY GULF BREEZE, FL 32563				Biii (Bri: Brii) (Bii) (	DUN BORF HOEN BORF BOEN FOEED U	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	-031		plied For t Applicable	
Zip	Country	Zip	Coun	try		f Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name -	7. Name and	Address of New	Registered Agent	
INCDAM THERECA				Name				
INGRAM, THERESA 1515 LIGHTHOUSE CT GULF BREEZE, FL 32563			Street Address	(P.O. Box Number	is Not Acceptab	le)		
			City			FL Zip Cod	e	
	named entity submits this statement folions of registered agent.	or the purpose of changing it	s registere	ed office or registe	ered agent, or both	, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable. (NO	TE: Registered	d Agent signature require	ad when reinstating)		DATE	<u>-</u> _
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa	aign Finan	icing _ \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTORS	S IN 11
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes: 1 forther certify that the information indicated on this report or supplemental report is true and accurate and that yis signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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:

SIGNATURE AND TYPED BY SANTED NAME OF SIGNING OFFICER OR DIRECTOR

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