

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046816

FILED
Aug 31, 2007
Secretary of State

Entity Name: COLLECTOR'S CORNER, INC.

Current Principal Place of Business:

1441 TAMIAMI TRAIL
UNIT 579
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

8201 TAMIAMI TRAIL
UNIT 45
SARASOTA, FL 34238

Current Mailing Address:

511 OAK BAY DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0758415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHN, KARLA
511 OAK BAY DR
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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:

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: CEO () Delete
Name: LEHN, KARLA A
Address: 511 OAK BAY DR
City-St-Zip: OSPREY, FL 34225

Title: PRES () Delete
Name: LEHN, KARLA A
Address: 511 OAK BAY DRIVE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KARLA LEHN

OWNE

08/31/2007

Electronic Signature of Signing Officer or Director

Date