

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085865

FILED
Apr 20, 2009
Secretary of State

Entity Name: DAVID'S BRIDAL OF WEST PALM, INC.

Current Principal Place of Business:

1001 WASHINGTON AVENUE
CONSHOHOCKEN, PA 19428 US

New Principal Place of Business:

Current Mailing Address:

1001 WASHINGTON AVENUE
CONSHOHOCKEN, PA 19428 US

New Mailing Address:

FEI Number: 23-3045804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCFO () Delete
Name: HUTH, ROBERT D
Address: 1001 WASHINGTON AVE
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CEO () Delete
Name: MORPHIS, GENE
Address: 1001 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: TREA () Delete
Name: GALBO, PHILIP
Address: 1001 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP () Delete
Name: POSTELLE, FRED
Address: 1001 WASHINGTON STREET
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP () Delete
Name: PAYNE, CINDY
Address: 1001 WASHINGTON AVE
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: ASEC () Delete
Name: MIRSKY, MICHAEL H
Address: 1001 WASHINGTON AVENUE
City-St-Zip: CONSHOHOCKEN, PA 19428

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:

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City-St-Zip:

Title: () Change () Addition
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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: PHILIP GALBO

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date