2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62159

Entity Name: THE FRAGRANCE DEPOT, INC.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

SAWGRASS MILLS MALL SAWGRASS MILLS MALL 12801 W. SUNRISE BLVD, STORE #201

12801 W. SUNRISE BLVD, STORE #131

SUNRISE, FL 33323

Current Mailing Address: New Mailing Address:

SAWGRASS MILLS MALL 2518 POINCIANA DRIVE 12801 W. SUNRISE BLVD, STORE #201 WESTON, FL 33327

SUNRISE, FL 33323

SUNRISE, FL 33323

FEI Number: 65-0267982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAPELLA, JOHN W CAPELLA, JOHN W 2518 POINCIANA DRIVE 12801 W SUNRISE BLVD #201 SUNRISE, FL 33323 WESTON, FL 33327

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: JOHN W. CAPELLA 04/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CAPELLA, JOHN W., CAPELLA, JOHN W Name: Name: 12801 W SUNRISE BLVD #201 2518 POINCIANA DRIVE Address: Address: City-St-Zip: SUNRISE FL City-St-Zip: WESTON, FL 33327

٧S Title: ٧S (X) Change () Addition Title: () Delete CAPELLA, ANNE M Name: CAPELLA, ANNE M., Name:

12801 W SUNRISE BLVD #201 2518 POINCIANA DRIVE Address: Address: SUNRISE, FL WESTON, FL 33327 City-St-Zip: City-St-Zip:

Title: Title: D () Delete () Change () Addition

MCGEE, BARBARA Name: Name: 4362 MAHOGANY RIDGE DR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33331 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.

VΡ SIGNATURE: ANNE M. CAPELLA 04/11/2007