

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63825

FILED
Apr 13, 2006
Secretary of State

Entity Name: BOOK WAREHOUSE OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

11130 KINGSTON PIKE,SUITE 1-184
KNOXVILLE, TN 37922

New Principal Place of Business:

11130 KINGSTON PIKE,SUITE 1-184
KNOXVILLE, TN 37934

Current Mailing Address:

11130 KINGSTON PIKE,SUITE 1-184
KNOXVILLE, TN 37922

New Mailing Address:

11130 KINGSTON PIKE,SUITE 1-184
KNOXVILLE, TN 37934

FEI Number: 59-3037353

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 ROAD
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: DP () Delete
Name: WINEGARDNER, DEAN
Address: 3000 RIVER HAVEN PT
City-St-Zip: KNOXVILLE, TN 37922

Title: VST () Delete
Name: O'CONNOR, PATRICK
Address: 165 WEST END AVENUE
City-St-Zip: KNOXVILLE, TN 37922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WINEGARDNER, DEAN
Address: 165 WEST END AVENUE
City-St-Zip: KNOXVILLE, TN 37934

Title: VST (X) Change () Addition
Name: O'CONNOR, PATRICK
Address: 165 WEST END AVENUE
City-St-Zip: KNOXVILLE, TN 37934

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.

SIGNATURE: DEAN WINEGARDNER

DP

04/13/2006

Electronic Signature of Signing Officer or Director

Date