

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

DOCUMENT# V12285

Entity Name: SARASOTA EMPORIUM, INC.

**Current Principal Place of Business:**

230 SHOPPING AVE  
RINGLING SHOPPING CENTER  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

230 SHOPPING AVE  
RINGLING SHOPPING CENTER  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 65-0317480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEGGE, JOHN D.  
230 SHOPPING AVE  
RINGLING SHOPPING CENTER  
SARASOTA, FL 34237 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEGGE, JOHN D.,  
Address: 230 SHOPPING AVE  
City-St-Zip: SARASOTA, FL 34237

Title: DST ( ) Delete  
Name: MEGGE, LINDA M.,  
Address: 230 SHOPPING AVE  
City-St-Zip: SARASOTA, FL 34237

**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: LINDA M. MEGGE

DST

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date