


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V48849</b>		
1. Entity Name <b>THE LECLAIRE BRIDAL COLLECTION INC.</b>		
Principal Place of Business <b>2831 N FEDERAL HWY BOCA RATON, FL 33431</b>		Mailing Address <b>2831 N FEDERAL HWY BOCA RATON, FL 33431</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01262007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0344311</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
CLERK, ROBERT I. 2831 N FEDERAL HWY BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CLERK, ROBERT	
STREET ADDRESS	414 NW 47 TERR	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
TITLE	V	
NAME	CLERK, SHIRLEY A	
STREET ADDRESS	414 NW 47 TERR,	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: 		ROBERT CLERK 1-26-7 561-394-8043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #