


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90274 027 ***150.00

DOCUMENT # F99000003014

1. Entity Name
BAKERS FOOTWEAR GROUP, INC.



Principal Place of Business Mailing Address
2815 SCOTT AVE **2815 SCOTT AVE**
ST. LOUIS, MO 63103 **ST. LOUIS, MO 63103**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4182007 Chg-P CR2E034 (12/06)

4. FEI Number
43-0577980 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SPANLEY, LAWRENCE L	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63103	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDISON, PETER A	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63103	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERGERAC, MICHELE A	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63103	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	EDISON, PETER A	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63103	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIL, ANDREW N	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63103	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINELY, TIMOTHY	
STREET ADDRESS	2815 SCOTT AVE	
CITY-ST-ZIP	ST. LOUIS, MO 63103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence L Spanley Jr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Baur	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lawrence L Spanley Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 *3146210699*
 Date Daytime Phone #