


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P31588
1. Entity Name
THE TALBOTS, INC.



Principal Place of Business Mailing Address
175 BEAL STREET 175 BEAL STREET
HINGHAM, MA 02043 HINGHAM, MA 02043

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1111318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

11111111535167
05/09/06-80043-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZETCHER, ARNOLD B. 175 BEAL STREET HINGHAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSWORTH, HAROLD B 175 BEAL ST HINGHAM, MA 02043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASTNER, PAUL V 175 BEAL ST HINGHAM, MA 02043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANDELL, MICHELE 175 BEAL ST. HINGHAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LARSEN, EDWARD 175 BEAL STREET HINGHAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS O'CONNELL, RICHARD 175 BEAL STREET HINGHAM, MA

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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: *Edward Larsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 781-749-7600
Date Daytime Phone #