


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAY -8 AM 11:12

<b>DOCUMENT # P31988</b> 1. Entity Name THE HAAGEN-DAZS SHOPPE COMPANY, INC.	
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Principal Place of Business 5929 COLLEGE AVE OAKLAND, CA 94618	Mailing Address 5929 COLLEGE AVE OAKLAND, CA 94618
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**DO NOT WRITE IN THIS SPACE**



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2462815	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

**DO NOT WRITE IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, TIMOTHY 5929 COLLEHE AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEHOCKY, MARK 5929 COLLEHE AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLETT, WILLIAM C 5929 COLLEHE AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RANDALL, VICKI 5929 COLLEHE AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELLERBACK, ERIC 5929 COLLEHE AVE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100075111801  
 05/24/06--01005--020 \*\*150.00

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: Mark LeHocky Mark LeHocky 5/5/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #