

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001248

FILED
Apr 20, 2010
Secretary of State

Entity Name: DC SHOES, INC.

Current Principal Place of Business:

15202 GRAHAM STREET
HUNTINGTON BEACH, CA 92649

New Principal Place of Business:

Current Mailing Address:

15202 GRAHAM STREET
HUNTINGTON BEACH, CA 92649

New Mailing Address:

FEI Number: 33-0610965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: STEVENSON, CRAIG
Address: 15202 GRAHAM ST
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: VPSD
Name: EXON, CHARLES
Address: 15202 GRAHAM STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: CFOD
Name: HOLMAN, BRAD
Address: 15202 GRAHAM STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: VPT
Name: FULLERTON, SCOTT
Address: 15202 GRAHAM ST
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: VPS
Name: PENCE, SEAN
Address: 15202 GRAHAM STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: CO
Name: BLOCK, KENNETH
Address: 1333 KEYSTONE WAY, UNIT A
City-St-Zip: VISTA, CA 92083

I hereby 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 all other like empowered.

SIGNATURE: SCOTT FULLERTON

VPT

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date