

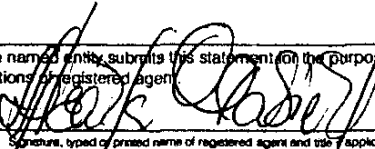
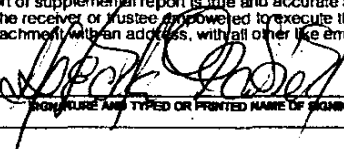


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90032 044 \*\*\*150.00

<b>DOCUMENT # P01000022322</b>					
1. Entity Name PURPLE SHOE MODELING AND PRODUCTION, INC.					
Principal Place of Business 5266 NW 114 AVE #104 MIAMI, FL 33178 US			Mailing Address 5266 NW 114 AVENUE #104 MIAMI, FL 33178		
2. Principal Place of Business 5266 NW 114 Ave.		3. Mailing Address 5266 NW 114 Ave.			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102			
City & State MIAMI FL		City & State MIAMI FL		02142006 Chg-P CR2E034 (11/05)	
Zip 33178		Country USA		4. FEI Number 65-1142782	
				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 HILEANA, FABIEN 5266 NW 114 AVE #104 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name HILEANA FABIEN Street Address (P.O. Box Number is Not Acceptable) 5266 NW 114 Ave #102 City MIAMI FL Zip Code 33178		
8. The above named entity submits this statement on 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:  HILEANA FABIEN 2/14/2006 <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FABIEN, HILEANA 5266 NW 114 AVE., #104 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FABIEN, HILEANA 5266 NW 114 AVE. #102 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIEN, HILEANA 5266 NW 114 AVE., #104 MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIEN, HILEANA 5266 NW 114 AVE. #102 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  President 2/14/06 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small>					