

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073688

FILED
Apr 27, 2009
Secretary of State

Entity Name: LIL SHOE SHOP, INC.

Current Principal Place of Business:

32351 FISH HOOK LOOP
WESLEY CHAPEL, FL 33545 US

New Principal Place of Business:

Current Mailing Address:

32351 FISH HOOK LOOP
WESLEY CHAPEL, FL 33545 US

New Mailing Address:

FEI Number: 26-2940168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, CINDY
32351 FISH HOOK LOOP
WESLEY CHAPEL, FL 33545 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 () Delete
Name: MICHAELDASS, PAULA
Address: 12172 NETTLECREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Delete
Name: DICKEY, NICOLE
Address: 9654 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638

Title: SECT () Delete
Name: DICKEY, NICOLE
Address: 9654 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638 US

Title: TREA () Delete
Name: WHITE, CINDY
Address: 32351 FISH HOOK LOOP
City-St-Zip: WESLEY CHAPEL, FL 33545 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CINDY P. WHITE

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date