2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 189914

Entity Name: THE FIELD SHOPS INC.

Current Principal Place of Business:

4551 N W 36TH ST
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

4551 N W 36TH ST
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 59-0785222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LESLIE B MRS
4551 N W 36 ST
MIAMI SPRINGS, FL 33166 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: PD ( ) Delete
Name: JOHNSON, LESLIE B MRS
Address: 950 NW197 TERR
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete
Name: BEHEL, JEAN A MRS
Address: 26140 HICKORY BLVD #803 N
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST ( ) Delete
Name: LAMACCHIA, THERESA L MS
Address: 3820 NW 57 PLACE
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, LESLIE B MRS
Address: 629 PINECREST
City-St-Zip: MIAMI SPRINGS, FL 33166

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

Title: ST (X) Change ( ) Addition
Name: EGGLER, THERESA L MRS
Address: 1150 PLOVER AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

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: LESLIE B. JOHNSON PD 03/12/2009

Electronic Signature of Signing Officer or Director — Date