

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001398

1. Entity Name
OFF BROADWAY SHOES, INC.



Principal Place of Business
**11381 SOUTHBRIDGE PARKWAY, BUILDING 1
ALPHARETTA, GA 30022**

Mailing Address
**11381 SOUTHBRIDGE PARKWAY, BUILDING 1
ALPHARETTA, GA 30022**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1316767	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

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHANNON, JOHN
STREET ADDRESS 11381 SOUTHBRIDGE PARKWAY, BUILDING 1
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE V
NAME SHANNON, MICHAEL
STREET ADDRESS 11381 SOUTHBRIDGE PARKWAY, BUILDING 1
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE T
NAME SHORE, ERNIE
STREET ADDRESS 11381 SOUTHBRIDGE PARKWAY, BUILDING 1
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE S
NAME BARR, PETER
STREET ADDRESS 11381 SOUTHBRIDGE PARKWAY, BUILDING 1
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000406527
02/07/06-80091-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Ernie Shore **ERNIE SHORE, TREASURER** 1/13/06 704/547 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #