## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000003167

Entity Name: DR. JILL'S FOOT PADS INC

FILED Jun 09, 2008 Secretary of State

Littly Nai	IIIe. DR. JILL	31 OO1 FADSING.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	TARY TRAIL LD BEACH, FL	33442					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	/ERSIDE DR ( <sup>-</sup> D BEACH, FL 3			TARY TRAIL .D BEACH, FL	. 33442		
FEI Number:	: 02-0629321	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status D	esired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
POMPANO The above	/ERSIDE DR ( <sup>-</sup> D BEACH, FL 3	TH #2) 33062 US submits this statement for th	ne purpose of changing	its registered o	office or registered ag	ent, or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered.	Agent		Date		
		3(2)(b), F.S., the corporation did Trust Fund Contribution ( ).	d not receive the prior notic	e.			
	S AND DIREC	,	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHEUR, JILL 602 S MILITARY	Delete Y TRAIL EACH, FL 33442	Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name: Address:	( )	Delete	Title: Name: Address:	SCHEUR, JAY 602 S. MILITAR	) Change (X) Addition		

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: JILL SCHEUR P 06/09/2008