2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

NATED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ANNUAL REPORT FILED Apr 30, 2007 08:00 All Secretary of State DOCUMENT-# G04503 1. Entity Name J & J FOOTWEAR, INC. Principal Place of Business Mailing Address % JAMES F. FLOCK . % JAMES F. FLOCK 3549 FOWLER ST 3549 FOWLER ST FT MYERS, FL-33901 -- FT MYERS, FL 33901 03212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2226401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLOOK, JAMES DO NOT WRITE 17215 CASTLEVIEW DRIVE NE NORTH FORT MYERS, FL 33917 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FLOCK, JAMES F. NAME STREET ADDRESS 17215 CASTLEVIEW DR NE CITY-ST-ZIP NORTH FT MYERS, FL TITLE U00000741173 FLOCK, JOAN M NAME 05/15/07-80016-012 150.00 STREET ADDRESS 17215 CASTLEVIEW DR NE CITY-ST-ZIP N FT MYERS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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