2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

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

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # H95048** 05-01-2006 90484 037 ***150.00 1. Entity Name TOM'S SHOE REPAIR, INC. Principal Place of Business Mailing Address ACOITOOA 1911 DREW ST 1911 DREW STREET CLEARWATER, FL 34625 CLEARWATER, FL 34625 US 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2623434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERRY, TIMOTHY J DO NOT WRITE 3310 SAN JOSE STREET CLEARWATER, FL 34619 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PERRY, TIMOTHY J NAME STREET ADDRESS 3310 SAN JOSE DR CLEARWATER, FL 33759 CITY-ST-ZIP TITLE VD PERRY, GEORGIAN D NAME STREET ADDRESS 3310 SAN JOSE ST CLEARWATER, FL 33759 CITY-ST-ZIP TITLE PERRY, GEORGIANN D. NAME STREET ADDRESS 3310 SAN JOSE ST. DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS

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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #