2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2008 08:00 AN **DOCUMENT # K06262 Secretary of State** 1. Entity Name WOODEN SHOE REALTY, INC. Principal Place of Business Mailing Address 316 ORANGE TREE DR 316 ORANGE TREE DR APT B APT B ATLANTIS, FL 33462 ATLANTIS, FL 33462 01062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0017282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VANDERWOUDE, JAMES DO NOT WRITE 316 ORANGE TREE DR APT B IN THIS SPACE ATLANTIS, FL 33462 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVT TITLE VANDERWOUDE, JAMES A NAME STREET ADDRESS 316 ORANGE TREE DR. LAKE WORTH, FL 33462 CITY-ST-ZIP SD TITLE VANDERWOUDE, JAMES A NAME U00000828253 02/25/08-80004-023 150.00 316 ORANGE TREE DR. STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33462 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 peport is true and applyate 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 any adaptess with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TOPE AND TYPED THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08 (561)762-7170

Devtima Phone #

FILED