2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # L32296 1. Entity Name FOOT-IN-YOUR-MOUTH, INC.								02-23-2006 90	0016 030	***150.0	00	
Principal Place of Business 100 PALAFOX PLACE PENSACOLA, FL 32501			Mailing Address 3851 PASCO STREET PENSACOLA, FL 32505					SS HITS LIBIR HATS LANG ASIA	Bran Bran Bran	BIEN BIEN 4181	11 0 P 1 15 1 0 0 1	
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02092006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State				4. FEI Numb			}	plied For t Applicable	
Zip 32502 Country		Zip Count		itry	5. Certificate of Status Desired See Required Fee Required							
	6. Name	and Address of Current					7. Name and Address of New Registered Agent					
ONLYEDT COOTT						Name						
CALVERT, SCOTT 2650 TAMBRIDGE CIRCLE PENSACOLA, FL 32503						Street Address (P.O. Box Number is Not Acceptable)						
						City Zip Code						
9. The chare gamed online submits the statement for the survey of chart's						<u> </u>						
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.												
CYCNIATURE												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.						\$5. Adde	00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS			ADDITIONS	CHANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11		
TITLE	PSD		☐ Delete						(☐ Change	☐ Addition	
NAME STREET ADDRESS	CALVER1	, SCOTT IBRIDGE CIRCLE	NAME STREE		et address							
CITY-ST-ZIP					-ST-ZIP							
TITLE	VICE PRESIDENT Delete TITLE					VICE	PRESIDEN	JT	[Change	Addition	
NAME	CALVERT, MELISSA A ZIOSO TAMBRIDGE CIRCLE STRE					CALV	ALVERT, MELISIA N. LUSD TAMBRIDGE CIRCLE					
STREET ADDRESS CITY-ST-ZIP						2003U	SAMULA	PC 325D3	-		İ	
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - St-ZIP							
	ertify that the	e information supplied with	this filing does not qualify	E		ontained	in Chanter 11	9 Florida Statutes 1	further certify	that the ir	tormation	
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 enjoyered.												

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR