

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010680

FILED
Apr 30, 2004
Secretary of State**Entity Name:** TWO FEET FORWARD, INC.**Current Principal Place of Business:**9645 SYCAMORE COURT
DAVIE, FL 33328 US**New Principal Place of Business:****Current Mailing Address:**9645 SYCAMORE COURT
DAVIE, FL 33328 US**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**VENGEL, SCOTT M
9645 SYCAMORE COURT
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: VENGEL, SCOTT M
Address: 9645 SYCAMORE COURT
City-St-Zip: DAVIE, FL 33328 USTitle: V () Delete
Name: REID, ERIC
Address: 9800 N.W. 35TH STREET
City-St-Zip: HOLLYWOOD, FL 33024 USTitle: V () Delete
Name: MARTINEZ, RICHARD
Address: 9636 SYCAMORE COURT
City-St-Zip: DAVIE, FL 33328 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT VENGEL

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date