

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 016 ****61.25

DOCUMENT # N99000002430

1. Entity Name

STEPP'N UP SHOES, INC.



Principal Place of Business

2798 NW 27 TERRACE
BOCA RATON FL 33434

Mailing Address

2798 NW 27 TERRACE
BOCA RATON FL 33434

2. Principal Place of Business - No P.O. Box #

7403 Floranada Way

Suite, Apt. #, etc.

3. Mailing Address

7403 Floranada Way

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

Zip 33446

Country US

City & State

Delray Beach, Florida

Zip 33446

Country US

4. FEI Number

65-0933483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PERLYN, DONALD L
2798 NW 27 TERRACE
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERLYN, ERIC ☐ Delete
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VPD
NAME PERLYN, AMANDA ☐ Delete
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE STD
NAME PERLYN, MARILYN ☐ Delete
STREET ADDRESS 2798 NW 27TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 617, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #