## **FILED** $\mathbf{M}$

ANNUAL REPORT				Apr 10, 2006 08:00 AM Secretary of State			
DOCUMENT # P0000050332  1. Entity Name DYEABLE SHOES ONLINE, INC.				·	Secreta	ary oi Stat	æ
Principal Place of Business  1190 MAHOGANY LN  WESTON, FL 33327 US  Maining Address  1190 MAHOGANY LN  WESTON, FL 33327 US  WESTON, FL 33327 US							
מ	O'NOT WRITE	CE	01162006 4. FEI Numb 65-101	No Chg-P	CR2E034 (11/Q5)	led For Applicable onal	
6. Name and Address of Current Registered Agent ANDERSON, RICHARD 1190 MAHOGANY LN WESTON, FL 33327					NOT WI	-	
8. The above the obligat SIGNATURE	named entity submits this statement for to flons of registered agent.  Sprang wood printed name of registered agent and	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept  4-7-06  20 Apent's phasure required when renstaurs)  0416					
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	_		.00 May Be ed to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	P ANDERSON, SUSAN 1190 MAHOGANY DR WESTON, FL 33327	RECTORS			U000 04/22/0	00437075 6-8004 <b>0-</b> 002 :	1 <b>50.</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANDERSON, LEE 1190 MAHOGANY LN WESTON, FL 33327	-			:		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
Title Name Street Aodricss Chy-St-Zip							
MLE	}	<del></del>	1	,	4.00		

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STONATURE AND TYPED COMPRINTED NAME OF SIGNING OFFICER OR DIRECTOR