

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089018

FILED
Mar 08, 2005
Secretary of State

Entity Name: RUBY SLIPPERS IN OZ CORP.

Current Principal Place of Business:

400 SEABREEZE DR
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

400 SEABREEZE DR
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3674176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDCOLAW, INC.
6 EAST BAY STREET
SUITE 500
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLECHMAN, MARK
Address: 152 MT VERNON
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: QUARRIE, SHERRIE
Address: 701 PINE STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BLECHMAN

DP

03/08/2005

Electronic Signature of Signing Officer or Director

Date