

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90388 005 ***150.00

DOCUMENT # P00000089018 1. Entity Name RUBY SLIPPERS IN OZ CORP.					
Principal Place of Business 1317 S. MAGNOLIA DR. INDIALANTIC, FL 32903			Mailing Address 1317 S. MAGNOLIA DR. INDIALANTIC, FL 32903		
2. Principal Place of Business 1205 S. Magnolia Drive Suite, Apt. #, etc.		3. Mailing Address 1205 S. Magnolia Drive Suite, Apt. #, etc.			
City & State Indialantic, FL		City & State Indialantic, FL		4. FEI Number 59-3674176	
Zip 32903		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDCOLAW, INC. 6 EAST BAY STREET SUITE 500 JACKSONVILLE, FL 32202				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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINET, MICHAEL 3440 SOUTH OCEAN BLVD, #101S PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, STUART P 426 PIRATE'S MOON COURT INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 empowered.					
SIGNATURE:  4/18/06 321-984-5260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

EDWARDS COHEN

Attorneys at Law

ATTACHMENT

40057172

6 East Bay Street, Suite 500
Jacksonville, Florida 32202
Telephone 904.633.7979
Facsimile 904.633.9026

Denise Burns
Dburns@edcolaw.com

April 20, 2006

Via Federal Express

Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

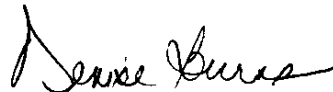
RE: Ruby Slippers in Oz Corp.; Document No. P00000089018

Dear Sir or Madam:

Along with this letter, I am enclosing the 2006 Annual Report of Ruby Slippers in Oz Corp. Also enclosed is the corporation's check in the amount of \$150.00 for filing fee.

If you have any questions or need anything further, please do not hesitate to contact this office.

Sincerely,



Denise Burns
Legal Assistant

Enclosures