

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089018

Entity Name: RUBY SLIPPERS IN OZ CORP.

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1205 S MAGNOLIA DR  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

1205 S MAGNOLIA 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:**

OHARA, DOROTHY  
1205 S.MAGNOLIA DR  
INDIALANTIC, FL 32903 US

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: DOROTHY OHARA

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'HARA, DOROTHY  
Address: 1205 S. MAGNOLIA DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete  
Name: MILLER, STUART P  
Address: 426 PIRATE'S MOON COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: ST ( ) Delete  
Name: GOUGELMAN, PAUL R III  
Address: 900 E STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901

**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 exemption stated 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 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: DOROTHY OHARA

PR

06/23/2009

Electronic Signature of Signing Officer or Director

Date