2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000113866

1. Entity Name
FEET FOR THOUGHT, INC.

Principal Place of Business	Mailing Address
3421 BONITA BEACH RD.	3421 BONITA BEACH RD.
408	408
BONITA SPRINGS, FL 34134	BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1065136	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLADSTONE, HEATH G
2464 VANDERBILT BCH BLVD.
SUITE 508
NAPLES, FL 34109

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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 $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000948929 06/03/08-80007-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLADSTONE, HEALTH
STREET ADDRESS	2464 VANERBILT BCH BLVD SUITE 508
CITY-ST-ZIP	NAPLES, FL 34109

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Heath Gladstone_   4/30/08   561-317-1583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #