


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000030742 1. Entity Name DIABETIC SHOE COMPNAY	
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Principal Place of Business 21011 JOHNSON ST UNIT 123 PEMBROKE PINES, FL 33029	Mailing Address P.O. BOX 297197 PEMBROKE PINES, FL 33029
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1087018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, LEON I
 10521 PARIS STREET
 COOPER CITY, FL 33026

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, LEON I 10521 PARIS ST COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, MICHAEL 1627 EASTLAKE WAY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIEGLER, RICHARD 3427 BIMINI AVENUE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/11/07-80033-020 150.00

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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: Leon Wagner, Pres 01/08/07 954-475-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #