

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038898

Entity Name: N. M. SHOE COMPANY, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

461 GREYMOLDS CIR.
LANTANA, FL 33465

New Principal Place of Business:

461 GREYNOLDS CIR.
LANTANA, FL 33465

Current Mailing Address:

461 GREYMOLDS CIR.
LANTANA, FL 33465

New Mailing Address:

461 GREYNOLDS CIR.
LANTANA, FL 33465

FEI Number: 65-1092799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOWDHURY, SHAFIUL
461 GRAYNOLDS CIRCLE
LANTANA, FL 33465 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: PTD () Delete
Name: CHOWDHURY, SHAFIUL
Address: 22568 BLUE FIN TRAIL
City-St-Zip: BOCA RATON, FL 33428 US

Title: VPS () Delete
Name: CHOWDHURY, FARZANA
Address: 22568 BLUE FIN TRAIL
City-St-Zip: BOCA RATON, FL 33428 US

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 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: SHAFIUL CHOWDHURY

PTD

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date