2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038898

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

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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461 GREYNOLDS CIR. LANTANA, FL 33465

Current Mailing Address: 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: Name and Address of New Registered Agent:

CHOWDHURY, SHAFIUL

461 GRAYNOLDS CIRCLE

LANTANA, FL 33465 US

CHOWDHURY, FARZANA
461 GRAYNOLDS CIRCLE

LANTANA, FL 33465 US

LANTANA, FL 33465 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: FARZANA CHOWDHURY 02/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPTD () Delete Title: () Change () Addition

 Name:
 HALIM, MOULVI M
 Name:

 Address:
 6141 BLUEGRASS CIRCLE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33463 US
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 CHOWDHURY, FARZANA
 Name:

 Address:
 22568 BLUE FIN TRAIL
 Address:

 City-St-Zip:
 BOCA RATON, FL 33428 US
 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: FARZANA CHOWDHURY PD 02/29/2008