2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000659

Entity Name: ITALY SHOE LAB, INC.

FILED May 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9639 PALM RIVER ROAD 16621 HWY 301 SOUTH TAMPA, FL 33619

SUITE 107

WIMAUMA, FL 33598

Current Mailing Address: New Mailing Address:

9639 PALM RIVER ROAD 13521 MANGO BAY DRIVE TAMPA, FL 33619 RIVERVIEW, FL 33579

FEI Number: 01-0566693 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:

MIZIO, ARMANDO F 25400 U.S. HWY 19 NORTH - SUITE 210 CLEARWATER, FL 33763

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:

City-St-Zip:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CORNIELLO, CAROL M Name: Name: CORNIELLO, CAROL M Address:

13521 MANGO BAY DRIVE 13521 MANGO BAY DRIVE Address: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33579

Title: **VPSD** Title: **VPSD** (X) Change () Addition () Delete

Name: CORNIELLO, JEFFREY J Name: CORNIELLO, JEFFREY J 13521 MANGO BAY DRIVE Address: 13521 MANGO BAY DRIVE Address: RIVERVIEW, FL 33569 RIVERVIEW, FL 33579 City-St-Zip: 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: CAROL M. CORNIELLO PTD 05/30/2008