

2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 01, 2006 08:00 AN **DOCUMENT # P02000011238 Secretary of State** SOUTHERN SHOE AND MOBILITY, INC. Principal Place of Business Mailing Address PO BOX 463 PO BOX 463 GOTHA, FL 34734 GOTHA, FL 34734 CR2E034 (11/05) 01262006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0621196 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRINGTON, DAN DO NOT WRITE 552 WHEATSTONE PLACE ORLANDO, FL 32835. IN THIS SPACE 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, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HERRINGTON, DAN NAME 552 WHEATSTONE PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 U00000414497 02/11/06-80038-019 150.00 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR