

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033652

Entity Name: FEET 1ST SHOES, INC.

FILED  
Jan 30, 2007  
Secretary of State

## Current Principal Place of Business:

8535 BAYMEADOW RD  
STE 9  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 551260  
JACKSONVILLE, FL 32255

## New Mailing Address:

FEI Number: 02-0574886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N  
5150 BELFORT RD, BLDG 100  
JACKSONVILLE, FL 32256 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: DV ( ) Delete  
Name: NIELD, JANET  
Address: 1148 ASHMORE DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: DP ( ) Delete  
Name: NIELD, WADE  
Address: 1148 ASHMORE DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ST ( ) Delete  
Name: DONZIGER, MICHAEL  
Address: 8638 PHILLIPS HWY #3  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WADE M. NIELD

PRES

01/30/2007

Electronic Signature of Signing Officer or Director

Date