2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 28, 2007 08:00 AM **DOCUMENT # P02000117547 Secretary of State** FOOT FLAIR SHOES, INC. Principal Place of Business Mailing Address 9530 HARDING AVE 9530 HARDING AVE SURFSIDE, FL 33154 SURFSIDE, FL 33154 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3660993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WINTRUB, SAUL C DO NOT WRITE 9530 HARDING AVE SURFSIDE, FL 33154 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of legislated again and Jule II applicable. (NOTE: Registeral Agant e-grature required when reinsteting) 9. Election Carnoaign Financing \$5.00 May Be FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Total F SHAKURY, AHARON NAME STREET ADDRESS 9830 HARDING AVE SURFSIDE, FL 33154 CITY-ST- DE U000000650650 TITLE 03/08/07-80022-006 150.00 NAME STREET ADDRESS CITY-51-2/P TITLE NAVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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

SIGNATURE: .

STREET ACCRESS CITY-ST-ZIP NTLE NAME STREET ADDRESS CITY-ST-ZIP

SECNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #