


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 027 ***150.00

DOCUMENT # P03000010318 1. Entity Name FLYING FEET, INC.			
Principal Place of Business 27 SW RIVERWAY BOULEVARD PALM CITY, FL 34990		Mailing Address 27 SW RIVERWAY BOULEVARD PALM CITY, FL 34990	
2. Principal Place of Business 2440 NW FEDERAL HWY		3. Mailing Address 2440 N.W. FEDERAL HWY	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State STUART FL		City & State STUART FL	
Zip 34994		Zip 34994	
Country 		Country 	
4. FEI Number 13-4235298		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, SUSAN 27 SW RIVERWAY BOULEVARD PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2440 NW FEDERAL HWY City STUART FL Zip Code 34994	
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 <u><i>Susan Hastings Pro.</i></u> DATE <u>8/11/06</u> <small>Signature: typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HASTINGS, SUSAN 27 SW RIVERWAY BOULEVARD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2440 NW FEDERAL HWY STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HASTINGS, ALBERT 27 SW RIVERWAY BOULEVARD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2440 NW FEDERAL HWY STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <u><i>Susan Hastings Pro.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/11/06</u> Daytime Phone # <u>772 232 9225</u>	