2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066985

Entity Name: SHOES TO GO, INC.

FILED Jan 24, 2005 Secretary of State

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

600 REGAL CRUISE WAY SUITE 8 PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

600 REGAL CRUISE WAY SUITE 8 PALMETTO, FL 34221

FEI Number: 56-2370870 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:

VANIN, THIAGO M
1120 VILLAGIO CIRCLE
SUITE: 204
SARASOTA, FL 34237 US

VANIN, THIAGO M
5719 DEER HOLLOW LANE W
SARASOTA, FL 34232 US

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: 01/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition

Name: VANIN, THIAGO M Name: VANIN, THIAGO M
Address: 1120 VILLAGIO CIRCLE STE: 204 Address: 5719 DEER HOLLOW LANE W

Address: 1120 VILLAGIO CIRCLE STE: 204 Address: 5719 DEER HOLLOW LANE W
City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34232

 $\label{eq:title: V/D (x) Delete} Title: V/D (x) Change (x) Addition$

Name: VANIN, FABIANE Name: VANIN, FABIANE

Address: 1120 VILLAGIO CIRCLE STE: 204 Address: 5719 DEER HOLLOW LANE W City-St-Zip: SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THIAGO VANIN PD 01/24/2005