2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000060981** 03-25-2005 90031 019 ***150.00 SURÉ FOOT OF FLORIDA, INC. Principal Place of Business Mailing Address 23337-D SW 61ST AVE. 23337-D SW 61ST AVE. BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 01112005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent SILVERMAN, STANLEY Street Address (P.O. Box Number is Not Acceptable) 23297 WATER CIRCLE BOCA RATON, FL 33486 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change ■ Addition SILVERMAN, LOUIS NAME NAME STREET ADDRESS 23337-D SW 61ST AVE. STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP CITY- ST- ZIP Delete TITLE ☐ Change ■ Addition TITLE SILVERMAN, STANLEY NAME NAME 23297 WATER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP SEC TITLE Delete ☐ Addition Change SILVERMAN, STANLEY NAME NAME 23297 WATER CIRCLE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP TRES TITLE TITLE Delete ☐ Change ☐ Addition NAME SILVERMAN, LOUIS NAME 23337-D SW 61ST AVE. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under eath; 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.

FILED