## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90164 044 \*\*\*150 00

| 1. Entity Name NATURAL COMFORT FOOTWEAR OF TAMPA INC.  |  |   |  |  |                                     |  |   |  | 04-11-20   | JUS 9U164   | . 044 ****15                          | 0.00   |  |
|--|--|---|--|--|-------------------------------------|--|---|--|--|---|---------------------------------------|--|--|
| Principal Place of Business Mailing Address  |  |   |  |  |                                     |  |   |  |  |   |                                       |  |  |
| 414 TURNER STREET<br>CLEARWATER, FL 33756  |  |   |  | 414 TURNER STREET<br>CLEARWATER, FL 33756  |                                     |  |   | -  |  |   |                                       |  |  |
|  |  |   |  |  |                                     |  |   |  |  |   |                                       |  |  |
| 2. Principal Place of Business   |  |   |  | 3. Mailing Address 1120 Pinellas Bayway S.   |                                     |  |   |  |  |   |                                       |  |  |
| Suite, Apt. #, etc.  |  |   |  | Suite, Apt. #, etc. #107   |                                     |  |   | 01042005   | Chg-P  | CR2   | E034 (10/03)                          |  |  |
| City & State   |  |   |  | City & State Tierra Verde, F.L.  |                                     |  |   | <b>4. FEI</b> Numb<br><i>−2:o</i>                      | er 1/70/ 3   | <i>Y</i>  | <del></del>                           | oplied For<br>ot Applicable                    |  |
| Zip  | Country  |   |  | 33705 Coun   |                                     | AS A.  |   |  |  | red 🗀   | S8.75 Additional Fee Required         |  |  |
| 6. Name and Address of Current Re  |  |   |  |  |                                     |  | 7. Name and Address of New Registered Agent |  |  |   |                                       |  |  |
| CENTER, CLARENCE E 414 TURNER STREET CLEARWATER, FL 33756  Tierra Verde, FL #107  City FL 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.  SIGNATURE |  |   |  |  |                                     |  |   |  |  |   |                                       |  |  |
| O GIVATORE.  | Signature, typed                                       | or printed name of registered ag  | ent and title                          | if applicable. (NO   | TE: Registere                       | d Agent signat.                              | re required                                 | when reinstating)                                      |  | DA  | Έ                                     |  |  |
|  |  | FEE IS \$150.00<br>5 Fee will be \$55   | 0.00                                   | 9. Election Campa<br>Trust Fund Cor  |                                     |  |   | 00 May Be<br>ed to Fees                                |  |   |                                       |  |  |
| 10.  | OFFICERS AND DIRECTORS 11.                             |   |  |  |                                     |  |   | ADDITIONS  | CHANGES TO   | OFFICERS A  | AND DIRECTOR                          | RS IN 11                                       |  |
| TITLE  | D  |   |  | ☐ Defete   | E ;                                 | ÷  |   |  |  | ☐ Change  | ☐ Addition                            |  |  |
| NAME<br>CONCEL ADODESC   | 1  | CLARENCE E  |  |  | NAM                                 |  | •   |  |  |   |                                       |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 414 TURNER STREET<br>CLEARWATER, FL 33756              |   |  | •  |                                     | EFT ADDRESS<br>'-St-Zip                      |   |  |  |   |                                       | Ì  |  |
| TITLE  |  |   |  | ☐ Delete   | TITL                                |  |   |  |  |   | Change                                | Addition                                       |  |
| NAME .   |  |   |  | _ 55/5/5   | NAM                                 |  |   |  | -C Till  | . سب  |                                       |  |  |
| STREET ADDRESS   | i  |   |  |  |                                     | EET ADDRESS                                  |   |  |  |   |                                       | - 1  |  |
| CITY-ST-ZIP  |  |   |  | · · · · · · · · · · · · · · · · · · ·  |                                     | -ST-ZIP                                      |   |  |  |   |                                       |  |  |
| TITLE<br>NAME  | ļ  |   |  | Delete   | TITL<br>NAM                         |  |   | •  |  |   | Change                                | Addition                                       |  |
| STREET ADDRESS   | [  |   |  |  |                                     | EET ADDRESS                                  |   |  |  |   |                                       | ļ  |  |
| CITY-ST-7IP  | 1  |   |  |  |                                     | '-ST-ZIP                                     |   |  |  |   |                                       |  |  |
| TITLE  |  |   |  | ☐ Delete   | ĪΠL                                 | E  |   |  |  |   | ☐ Change                              | Addition                                       |  |
| NAME   |  |   | ,                                      |  | NAN                                 | Æ  |   |  |  |   |                                       |  |  |
| STREET ADORESS   |  |   |  |  |                                     | EET AODRESS                                  |   |  |  | •   |                                       |  |  |
| CITY-ST-ZIP  | <u> </u>   |   |  |  | _                                   | '-ST-ZIP                                     |   |  |  |   |                                       |  |  |
| NAME   | ĺ  |   | •                                      | Delete   | III                                 |  |   |  | -  |   | ☐ Change                              | ☐ Addition                                     |  |
| STREET ADDRESS   |  |   |  |  | NAA<br>STR                          | RE<br>Eet adoress                            |   |  |  |   |                                       |  |  |
| CITY-ST-ZIP  |  |   | •                                      | $(x_1, x_2, \dots, x_n) = x_1 + x_2 + x_2 + x_2 + x_2 + x_3 + x_3 + x_4 + x$ | ,                                   | -ST-ZIP _                                    |   | <u> </u>   |  |   |                                       |  |  |
| ILIFE  | T  |   |  | ☐ Delete   | IIII                                | £  | ,   |  |  |   | ☐ Change                              | Addition                                       |  |
| NAME   |  |   |  |  | NAA                                 |  |   |  |  |   | •                                     |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  |  | 1                                   | EET ADDRESS                                  |   |  |  |   |                                       |  |  |
|  | and the short of                                       | a information   |  | 111  |                                     | (-ST-ZIP                                     | L   | , , , , , , , , , , , , , , , , , , ,                  | 1215 mm  |   | NI 42 1 1 1                           |  |  |
| indicated  | certily that the<br>d on this repor<br>rooration or th | e information supplied v<br>t or supplemental repo<br>ne receiver or trustee en | with this f<br>rt is true :<br>moø®ere | iling does not qualify land accurate and that<br>d to execute this renor   | or the exe<br>my signa<br>1 as requ | emption stat<br>iture shall h<br>ired by Cha | ted in Se<br>ave the s<br>loter 607         | ection 119.07(3<br>same legal effe<br>7 Florida Statul | )(i), Florida Stati<br>ect as if made ui<br>tes: and that my | utes, I further<br>nder oath; tha<br>r name anne: | certify that the<br>at I am an office | Information<br>r or director<br>or Block 11 if |  |

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.

SIGNATURE: XXX CHILL

4-6-05

727 / 865-802