## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000032792

Entity Name: UNIQUE SOLES, INC.

FILED Apr 05, 2006 Secretary of State

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

1244 S FEDERAL HWY FT. LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

1244 S FEDERAL HWY FT. LAUDERDALE, FL 33316

FEI Number: 27-0128983 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY RD
TORRENCE, ARNETTE
7412 NW 51 WAY

QUINCY, FL 32351 US COCONUT CREEK, FL 33073 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: ARNETTE TORRENCE 04/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TORRENCE, ARNETTE
 Name:

 Address:
 7412 N W 51 WAY
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 HARRELL, HARRY E
 Name:
 HARRELL, HARRY

 Address:
 20064 PALM ISLAND DR
 Address:
 20064 PALM ISLAND DR

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:
 BOCA RATON, FL 33498

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARRELL, JÄNICE
 Name:

 Address:
 20064 PALM ISLAND DR
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HARRELL, GARY
 Name:
 TORRENCE, GARY

 Address:
 7412 N W 51 WAY
 Address:
 7412 N W 51 WAY

City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ARNETTE TORRENCE PD 04/05/2006