


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000096842</b> 1. Entity Name <b>HEAD TO TOES APPAREL, INC.</b>	
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Principal Place of Business <b>117 EAST 4TH AVE MOUNT DORA, FL 32757</b>	Mailing Address <b>117 EAST 4TH AVE MOUNT DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3159738</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>PEREIRA, EDSON A 400 N DONNELLY STREET MOUNT DORA, FL 32757</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREIRA, EDSON A 7624 LAKE ANGELINA DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEREIRA, CARLA M 7624 LAKE ANGELINA DRIVE MOUNT DORA, FL 32757
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03/07/08-80012-002 150.00

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 attached exhibit with an address, with all other information empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/23/08</b> <small>Date</small>	<b>352-735-7700</b> <small>Daytime Phone #</small>
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