

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90043 005 ***150.00

DOCUMENT # P05000103868 1. Entity Name NICELOOK SHOES, INCORPORATED																																			
Principal Place of Business 5045 WARRIOR LANE KISSIMMEE, FL 34746		Mailing Address P.O. BOX 616667 KISSIMMEE, FL 34746																																	
2. Principal Place of Business - No P.O. Box # 7166 MALEBERRY RUN Suite, Apt. #, etc.		3. Mailing Address 7166 MALEBERRY RUN Suite, Apt. #, etc.																																	
City & State WINTER GARDEN, FL Zip 34787		City & State WINTER GARDEN, FL Zip 34787																																	
4. FEI Number 34-2052320		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent TANG, XIONG 5045 WARRIOR LANE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name TANG, XIONG Street Address (P.O. Box Number is Not Acceptable) 7166 MALEBERRY RUN City WINTER GARDEN, FL Zip Code 34787																																	
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  <small>Signature typed or printed name of registered agent and title, if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 5-22-08																																	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PD TANG, XIONG 5045 WARRIOR LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANG, XIONG 5045 WARRIOR LANE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PD TANG, XIONG 7166 MALEBERRY RUN WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANG, XIONG 7166 MALEBERRY RUN WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 attachment with an address, with all other like empowered.																																			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5-22-08 Daytime Phone # 407-746-5728																																	