2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2007 08:00 A Secretary of State DOCUMENT # P05000109115 ONE OF A KIND SHOES INC Principal Place of Business Mailing Address 1307 S.E. 47TH TERRACE 1307 S.E. 47TH TERRACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 CR2E034 (11/05) 04122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3268217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAZO, RAFAEL DO NOT WRITE 1307 S.E. 47TH TERRACE CAPE CORAL, FL 33904 IN THIS SPACE 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. DATE (NOTE: Registered Agent signsture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LAZO, RAFAEL STREET ADDRESS 1307 S.E. 47TH TERRACE CAPE CORAL, FL 33904 City-St-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000717546 STREET ADDRESS 04/30/07-80053-002 150.00 CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 attacyment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

PE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 339-542-568

FILED