



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90324 024 ***150.00

DOCUMENT # P06000088890 1. Entity Name FLIP FLOP SANDAL SHOP, INC.																																									
Principal Place of Business 2967 SW 21ST STREET MIAMI, FL 33145 US			Mailing Address 2967 SW 21ST STREET MIAMI, FL 33145 US																																						
2. Principal Place of Business - No P.O. Box # 6327 SW 44th St Suite, Apt. #, etc.		3. Mailing Address 6327 SW 44th St Suite, Apt. #, etc.																																							
City & State South Miami, FL Zip 33155 Country USA		City & State South Miami, FL Zip 33155 Country USA		4. FEI Number 20-5163264 Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122007 Chg-P CR2E034 (12/06)																																					
6. Name and Address of Current Registered Agent GERRISH, REBECCA H 6327 SW 44TH STREET SOUTH MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Rebecca Gerrish Street Address (P.O. Box Number is Not Acceptable) 6327 SW 44th St City South Miami, FL Zip Code 33155																																						
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 <u><i>Rebecca Gerrish</i></u> DATE <u>4/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
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%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>																	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%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> Rebecca Gerrish 6327 SW 44th Street South Miami, FL 33155 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		Rebecca Gerrish 6327 SW 44th Street South Miami, FL 33155														
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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: <u><i>Rebecca Gerrish</i></u> DATE <u>4/22/07</u> DAYTIME PHONE # <u>305-505-1113</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									