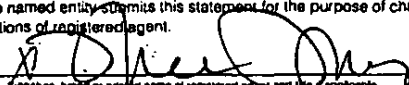
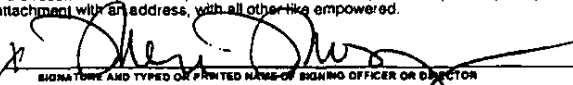


FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-13-2007 90167 030 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P06000104218</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                                                                                                                                                                                                                           |         |
| 1. Entity Name<br>THOMPSON FINE SHOES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                                                                                                                                                                                                                                                                            |         |
| Principal Place of Business<br>3540 ST JOHNS AVE<br>JACKSONVILLE, FL 32205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Mailing Address<br>3540 ST JOHNS AVE<br>JACKSONVILLE, FL 32205                                                                                                                                                                                                                                                             |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | 3. Mailing Address                                                                                                                                                                                                                                                                                                         |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                        |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | City & State                                                                                                                                                                                                                                                                                                               |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country | Zip                                                                                                                                                                                                                                                                                                                        | Country |
| 4. FEI Number<br>20-5375533                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | Applied For<br>Not Applicable                                                                                                                                                                                                                                                                                              |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                             |         |
| 6. Name and Address of Current Registered Agent<br>INTEPRID REGISTERED AGENT SERVICES, LLC<br>ONE INDEPENDENT DR STE 1200<br>JACKSONVILLE, FL 32202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | 7. Name and Address of New Registered Agent<br>Name: Theresa Thompson<br>Street Address (P.O. Box Number is Not Acceptable):<br>297 Riverwood Dr<br>City: Orange Park FL Zip Code: 32067                                                                                                                                   |         |
| 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.<br>SIGNATURE:  DATE: 1-18-07                                                                                                                                                                                                                                                                                                 |         |                                                                                                                                                                                                                                                                                                                            |         |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                               |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                      |         |
| TITLE: President<br>NAME: Theresa Thompson<br>STREET ADDRESS: 297 Riverwood Dr<br>CITY-ST-ZIP: Orange Park FL 32067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME: <input type="checkbox"/> Delete<br>STREET ADDRESS: <input type="checkbox"/> Delete<br>CITY-ST-ZIP: <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME: <input type="checkbox"/> Delete<br>STREET ADDRESS: <input type="checkbox"/> Delete<br>CITY-ST-ZIP: <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME: <input type="checkbox"/> Delete<br>STREET ADDRESS: <input type="checkbox"/> Delete<br>CITY-ST-ZIP: <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE: <input type="checkbox"/> Delete<br>NAME: <input type="checkbox"/> Delete<br>STREET ADDRESS: <input type="checkbox"/> Delete<br>CITY-ST-ZIP: <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date: 1-18-07 9047035076                                                                                                                                                                                                                                                                                                   |         |