

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000116577		
1. Entity Name TWINKLETOES SHOE GALLERY, INC.		

Principal Place of Business 2627 S. ADAMS SUITE 5 TALLAHASSEE, FL 32301 US	Mailing Address 2627 S. ADAMS SUITE 5 TALLAHASSEE, FL 32301 US
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2. Principal Place of Business - No P.O. Box # 2110 S. Adams Street Suite, Apt. #, etc. Suite B City & State Tallahassee, FL 32301 US Zip Country	3. Mailing Address 2110 S. Adams Street Suite, Apt. #, etc. Suite B City & State Tallahassee, FL US Zip Country
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05082007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5520350	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRINDLE-ROLLIN, SARAH 2627 S. ADAMS SUITE 5 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Grindle-Rollins, Sarah Street Address (P.O. Box Number is Not Acceptable) 2110 S. Adams Street Suite B City Tallahassee FL Zip Code 32301
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRINDLE-ROLLIN, SARAH 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grindle-Rollins, Sarah 39 Traynor Court Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	5-8-07 (850) 580-7463 Date Daytime Phone #
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FILED

07 MAY -9 AM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

