## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P06000150984  1. Entity Name FOOT FACTS, INC.						04-30-2007	90481 016 ***1	50.00
Principal Place of Business 1000 S BELCHER RD SUITE 4 LARGO, FL 33771		Mailing Address 1000 S BELCHER RD SUITE 4 LARGO, FL 33771				-		
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E034 (12/06	)
City & State		City & State			4. FEI Number	147051	<del>    -</del>	Applied For Not Applicable
Zip	Country	Zip	o Coun		1	of Status Desired	\$8.75 A	
	6. Name and Address of Current	Name	7. Name and /	Address of New R	egistered Agent			
MONTES, MANUEL D 1000 S BELCHER RD SUITE 4 LARGO, FL 33771				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWII! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTES, MANUEL D 3016 WHISPERING DR S LARGO, FL 33771	☐ Delete		<b>I</b>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MONTES, LUCILLE A 3016 WHISPERING DR S LARGO, FL 33771	☐ Delete		<b>I</b>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addilion
NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	CITY-	E ET ADDRESS - ST-ZIP			Change	
12. I hereby	certify that the information supplied will be this report or supplemental report	h this filing does not qualify fo	r the exe	emptions containe	d in Chapter 119,	Florida Statutes. I	further certify that the	information

inducated 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: Manual Winto SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07