2008 FOR PROFIT CORPORATION

04-14-2008 90033 002 ***150.00 ANNUAL REPORT P07000129789 DOCUMENT # P07000129789 FILED 1. Entity Name CLASSIC COMFORT FOOTWEAR, INC. 08 MAY 28 PM 2: 31 Principal Place of Business Mailing Address SECRETARY OF STATE 6767 W. NEWBERRY RD. P. O. BOX 13652 GAINESVILLE, FL 32604 GAINESVILLE, FL 32605 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTER, ROBERT LII Street Address (P.O. Box Number is Not Acceptable) 6767 W. NEWBERRY RD. GAINESVILLE, FL 32605 City Zip Code 6. 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 termitiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when recessions) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITLE Delete IIILE ☐ Change ☐ Addition NALIS SUTER, ROBERT L II MALE P.O. BOX 13652 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32604 CITY-ST-ZIP CITY-ST-ZP Change DAddition VP STICKLES, SARAH P. BILLE Detete IIILE 3520 SW 79 TERRACE STICKLES, SARAH P NAME NAME STREET ADDRESS 2829 SW 39TH AVE STREET ADDRESS GAINESVILLE, FL GAINESVILLE, FL 32608 32608 CITY-ST-77P CITY-SI-ZIP TREA ITLE ☐ Delete TITLE ☐ Change Addition SUTER, ROBERT L II NAME NAME P.O. BOX 13652 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32604 CISY-53-7/P CITY-ST-76 Detete IIILE SEC ■ Addition STICKLES, SARAH P. 3520 SW 79 TH TERLACE STICKLES, SARAH P NAME MALE STREET ADDRESS 2829 SW 39TH AVE STREET ADDRESS GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-SI-ZIP GAINESVILLE, FL 32608 TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 certify that it 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 id. changed, or on an attachment with an address, with all other like empowered. ROBERT L SIGNATURE: 4-10-2008