

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000001391

Entity Name: THE SHOE LAB, INC.

FILED
Oct 16, 2009
Secretary of State

Current Principal Place of Business:

1201 1ST STREET S.W.
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

1201 1ST STREET S.W.
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 42-1751004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZIO, ARMANDO F
25400 U.S. HWY 19 NORTH
SUITE 225
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TAPANES, CARLOS M
Address: 940 BRENTON LEAF DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: V () Delete
Name: ECK, KEITH L
Address: 5621 CENTER ST
City-St-Zip: WIMAUMA, FL 33598

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CORNIELLO, CAROL M
Address: 13521 MANGO BAY DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VPD (X) Change () Addition
Name: CORNIELLO, JEFFREY J
Address: 13521 MANGO BAY DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Change (X) Addition
Name: ECK, KEITH L
Address: 5621 CENTER ST
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL M. CORNIELLO

PSTD

10/16/2009

Electronic Signature of Signing Officer or Director

Date