2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P37408 1. Entity Name 04-17-2008 90012 025 ***150.00 GOLD TOE STORES INC. Principal Place of Business Mailing Address 48 W 38TH STREET 48 W 38TH STREET ATH FI 8TH FL NEW YORK NY 10018 NEW YORK NY 10018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 22-3125042 Not Applicable Country Z_{ID} Zip 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Cade 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 pamed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS:\$150.00 ---9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Chairman **Addition** NAMÉ NEELY. J JOHN Moretz NAME 514 West 21st Street STREET ADDRESS 48 N 38TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORI NY 10018 CITY-ST-ZIP Newton, NC 28658 Vice President TITLE ☐ Derete TITLE Change Change Addition | Anthony Bernice 48 West 38th Street BERNICE, A NAME NAME STREET ADDRESS 48 WEST 38TH ST STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10018 CITY-ST-ZIP New York, NY 10018 TITLE ■ Delete TITLE President ☐ Change Addition NAME HOSKINS, JOHN S NAME Deboca Williamson 940 Golfhouse Road west STREET ADDRESS 661 PLAID ST STREET ADDRESS CITY-ST-ZIP BURLINGTON NC 27215 CITY-ST-7IP WHERE SO HERING Treasurer/Secretary THLE ☐ Delete TITLE ☐ Change **Addition** chimorid NAME NAME 514 West 218 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Newton NC 28658 THE Delete ☐ Change ☐ Addition HAME N-ME STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED