2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040555

Entity Name: PERCY'S SHOES, INC.

FILED Jan 05, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| 22 E 12 ST 3FL NEW YORK, NY 10021 | | | | 1034 LEXINGTON AVENUE NEW YORK, NY 10021 | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | TH AVENUE ACH, FL 33480 | | | | |
| FEI Number: | : 65-0495427 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 323 WOR7 | RT, PERCY TH AVENUE ACH, FL 33480 | US | | | |
| | named entity see of Florida. | submits this statement for the p | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () STEINHART, PE 323 WORTH AV PALM BEACH, I | 'ENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PERCY STEINHART D 01/05/2005