


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90077 010 \*\*\*150.00

<b>DOCUMENT # P94000082479</b>	
1. Entity Name <b>FOOT SPECIALISTS OF ST. LUCIE WEST, INC.</b>	

Principal Place of Business <b>1430 ST LUCIE WEST BLVD STE 3 PT ST LUCIE, FL 34986</b>	Mailing Address <b>1430 ST LUCIE WEST BLVD STE 3 PT ST LUCIE, FL 34986</b>
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**50035017**



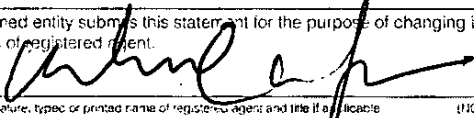
2. Principal Place of Business <b>160 N Central Park Plaza</b>	3. Mailing Address <b>160 N Central Park Plaza</b>
Suite, Apt. #, etc. <b>103</b>	Suite, Apt. #, etc. <b>103</b>
City & State <b>PT St Lucie FL</b>	City & State <b>PT St Lucie FL</b>
Zip <b>34986</b>	Zip <b>34986</b>
Country <b>USA</b>	Country <b>USA</b>

02222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3278161</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KALISH, KEITH 1430 ST LUCIE WEST BLVD STE 3 PORT SAINT LUCIE, FL 34986</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>160 N Central Park Plaza Ste 103</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34986</b>
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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 	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARVIN, MICHAEL A 1791 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KALISH, KEITH J 205 RIVERWAY DR VERO BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		