


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
FILED

1997 MAY -1 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>95000014593</b>			
1. Corporation Name <b>Pretty Hands &amp; Happy Feet, Inc.</b>			
Principal Place of Business <b>5341 Millstream Dr. St. Cloud, FL 34771</b>		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>Feb 20 1995</b>	
21. Suite, Apt. #, etc.		3a. Date of Last Report <b>1996</b>	
22. City & State		4. FEI Number <b>59-3291581</b>	
23. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. City & State <b>St. Cloud, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26. Zip <b>34771</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. Country <b>USA</b>			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. <b>Lara Kelley-Peña</b>		82. <b>5341 Millstream Dr.</b>	
83. <b>St. Cloud</b>		84. <b>FL</b>	
85. <b>34771</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE: <b>Lara Kelley-Peña</b> DATE: <b>4/30/97</b>			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE			
1.2 NAME <b>Lara Kelley-Peña</b>			
1.3 STREET ADDRESS <b>5341 Millstream Dr.</b>			
1.4 CITY-ST-ZIP <b>St. Cloud, FL 34771</b>			
2.1 TITLE <input type="checkbox"/> DELETE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
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4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS <b>200002168632--2</b>			
1.4 CITY-ST-ZIP <b>-05/06/97--01143--005</b>			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 and changed, or on an attachment with an address.			
SIGNATURE: <b>Lara Kelley-Peña</b> DATE: <b>4/30/97</b> DAYTIME PHONE: <b>(407) 426-8989</b>			

CR2E034 (9/96)