

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005051

Entity Name: FOOT CARE STORE, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

6316 LANTANA RD  
SUITE 34  
LAKE WORTH, FL 33463 US

## Current Mailing Address:

6316 LANTANA RD  
SUITE 35  
LAKE WORTH, FL 33463 US

## New Principal Place of Business:

10101 LANTANA RD.  
SUITE MOP  
LAKE WORTH, FL 33467 US

## New Mailing Address:

10101 LANTANA RD.  
SUITE MOP  
LAKE WORTH, FL 33467 US

FEI Number: 65-0638739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT, GAYNOR M  
6316 LANTANA RD.  
SUITE 35  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

ROBERT, GAYNOR M  
10101 LANTANA RD.  
SUITE MOP  
LAKE WORTH, FL 33467 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: GAYNOR, DAWN  
Address: 6316 LANTANA RD #34  
City-St-Zip: LAKE WORTH, FL 33463

Title: PR ( ) Delete  
Name: GAYNOR, ROBERT M  
Address: 6316 LANTANA ROAD SUITE 34  
City-St-Zip: LAKE WORTH, FL 33463

Title: S ( ) Delete  
Name: GAYNOR, DAWN L  
Address: 6316 LANTANA RD. SUITE 34  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: GAYNOR, DAWN  
Address: 10101 LANTANA RD. SUITE MOP  
City-St-Zip: LAKE WORTH, FL 33467

Title: PR (X) Change ( ) Addition  
Name: GAYNOR, ROBERT M  
Address: 10101 LANTANA RD. SUITE MOP  
City-St-Zip: LAKE WORTH, FL 33467

Title: S (X) Change ( ) Addition  
Name: GAYNOR, DAWN L  
Address: 10101 LANTANA RD. SUITE MOP  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. GAYNOR DPM

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date