2005 FOR PROFIT CORPORATION

Jan 26, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P97000023820** 01-26-2005 90021 032 ***150.00 1. Entity Name SHOE REPAIR SUPPLIES, INC. Principal Place of Business Mailing Address 50006607 1414 DUFFER ROAD 1414 DUFFER ROAD SEBRING, FL 33872 SEBRING, FL 33872 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0740864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required QUEEN, DENNIS DO NOT WRITE 1414 DUFFER RD. SEBRING, FL 33872 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME QUEEN, DENNIS STREET ADDRESS 1414 DUFFER RD. SEBRING, FL 33872 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of trustee employered 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:

TITLE NAME STREET ADDRESS

DEPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED