2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # P97000038381 MDM INTERNATIONAL SHOE CORPORATION Mailing Address Principal Place of Business 2730 NW 30TH WAY 2730 NW 30TH WAY LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0753337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASS, DANIEL G DO NOT WRITE 10001 NW 50TH STREET, #204 SUNRISE, FL 33351 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DΡ TITLE RUGGIERI, MARC NAME 1227 NW 127 DRIVE STREET ADDRESS U00000221839 02/03/05-80048-021 150.00 SUNRISE, FL 33323 CITY - ST - ZIP IIII ENAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(3)(f), 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.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

59-739-178

FILED