

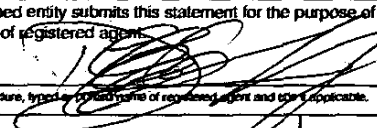



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90694 035 ***150.00

DOCUMENT # P97000060573 1. Entity Name DEE SHOES, INC.					
Principal Place of Business 1378 WESTON ROAD WESTON, FL 33326 US			Mailing Address 1378 WESTON ROAD WESTON, FL 33326 US		
2. Principal Place of Business 2900 GLADES CIRCLE Suite, Apt. #, etc. 1050		3. Mailing Address 2900 GLADES CIRCLE Suite, Apt. #, etc. 1050			
City & State WESTON FL Zip 33327		City & State WESTON FL Zip 33327		4. FEI Number 65-0766443	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EDENBURG, DAVID 1378 WESTON ROAD WESTON, FL 33326			7. Name and Address of New Registered Agent Name EDENBURG DAVID Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE # 1050 City WESTON FL Zip Code 33327		
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:  (NOTE: Registered Agent signature required when reappointing) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME EDENBURG, DAVID STREET ADDRESS 1378 WESTON ROAD CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE D NAME EDENBURG DAVID STREET ADDRESS 2900 GLADES CIRCLE # 1050 CITY-ST-ZIP WESTON FL 33327	<input checked="" 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.					
SIGNATURE: 					
SIGNATURE AND ADDRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					