

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000102535

1. Entity Name
HEEL SEW QUIK, INC.



FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 015 ***150.00

Principal Place of Business 8001 S. ORANGE BLOSSOM TR. SUITE #1182 ORLANDO, FL 32809		Mailing Address 8001 S. ORANGE BLOSSOM TR. SUITE #1182 ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHIM, JUNG SOON 8001 S. ORANGE BLOSSOM TR. SUITE #1182 ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete SHIM, JUNG SOON 8440 INDIAN WELLS CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SHIM, IN SUP 8440 INDIAN WELLS CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D, S. Shim, Kwang 6412 Queensbough # 211 Orlando, FL 32835	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____