



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90164 042 \*\*\*150.00

<b>DOCUMENT # P98000026842</b> 1. Entity Name <b>NATURAL COMFORT FOOTWEAR INC.</b>					
Principal Place of Business <b>206 JOHN MADIERA BEACH, FL 33708</b>			Mailing Address <b>206 JOHN MADIERA BEACH, FL 33708</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1120 Pinellas Bayway South #107</b>			
City & State <b>Tierra Verde, F.L.</b>		City & State <b>Tierra Verde, F.L.</b>		4. FEI Number <b>65-0818715</b>	
Zip <b>33715</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ATCHISON, KEN 500 TREAS ISLND CAUSWAY TI, FL 33706</b> <b>1120 Pinellas Bayway S #107 Tierra Verde, F.L. 33715</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATCHISON, KEN 206 JOHN'S PASS BOARDWALK MADIERA BEACH, FL 33708	<input type="checkbox"/> Delete			
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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.			<b>SIGNATURE: <i>[Signature]</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <b>4-6-05</b>			Daytime Phone # <b>(727) 865-8021</b>		