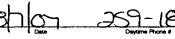
2007 FOR PROFIT CORPORATION

Aug 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCHMENT # P06000127585 08-10-2007 90048 021 ***150.00 FABÚLOUS FOOTWORK, INC Principal Place of Business Mailing Address 9191 NOAH DAVIS RD 9191 NOAH DAVIS RD GLEN ST MARY, FL 32040 GLEN ST MARY, FL 32040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SALLE Suite, Apt. #, etc. Suite, Apt. #, etc. 07122007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NIPPER, PHOEBE N Street Address (P.O. Box Number is Not Acceptable) 9191 NOAH DAVIS RD GLEN ST MARY, FL. 32040 City 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) 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NIPPER, PHOEBE N NAME 9191 NOAH DAVIS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN ST MARY, FL 32040 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TM F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE Delete TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:



FILED