2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P04000003201

Entity Name: SHUTTER MEDICS, INC.

Current Principal Place of Business:

1932 MONTECITO AVE
DELTONA, FL 32738

New Principal Place of Business:

1384 S. WOODLAND BLVD.
DELAND, FL 327207731 US

Current Mailing Address:

1932 MONTECITO AVE
DELTONA, FL 32738

New Mailing Address:

1384 S. WOODLAND BLVD.
DELAND, FL 327207731 US

FEI Number: 20-0565763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, RALPH
1932 MONTECITO AVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

GILPIN, PAUL
1384 S. WOODLAND BLVD.
DELTONA, FL 327207731 US

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.

SIGNATURE: PAUL GILPIN 02/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: TAYLOR, RALPH
Address: 1932 MONTECITO AVE
City-St-Zip: DELTONA, FL 32738

Title: VPTD ( ) Delete
Name: GILPIN, PAUL
Address: 1932 MONTECITO AVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: GILPIN, PAUL
Address: 1384 S. WOODLAND BLVD.
City-St-Zip: DELAND, FL 327207731 US

Title: VPT (X) Change ( ) Addition
Name: GILPIN, PAUL
Address: 1384 S. WOODLAND BLVD.
City-St-Zip: DELAND, FL 327207731 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL GILPIN P 02/15/2005
Electronic Signature of Signing Officer or Director Date