2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P04000138603

Entity Name: SHOW DESIGNERS, INC.

Current Principal Place of Business:

% SAMUEL CABAN
6342 CARTMEL LANE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

% SAMUEL CABAN
6342 CARTMEL LANE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 51-0524691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABAN, SAMUEL
6342 CARTMEL LANE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CABAN, SAMUEL
Address: 6342 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: SVD ( ) Delete
Name: CABAN, JEANETTE
Address: 6342 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SAMUEL CABAN PTD 04/12/2007

Electronic Signature of Signing Officer or Director Date