2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011524

Entity Name: JUST SHUTTER IT INC.

FILED Apr 30, 2009 Secretary of State

416 SE STARFISH AVE 1608 SW TAURUS LANE PT. ST. LUCIE, FL 34983 PT. ST. LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

416 SE STARFISH AVE 1608 SW TAURUS LANE PT. ST. LUCIE, FL 34983 PT. ST. LUCIE, FL 34984

FEI Number: 75-3192671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAZA, SAMUEL 416 SE STARFISH AVE PT. ST. LUCIE, FL 34983 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ZAZA, SAMUEL Name: ZAZA, SAMUEL

 Address:
 416 SE STARFISH AVE
 Address:
 1608 SW TAURUS LANE

 City-St-Zip:
 PT. ST. LUCIE, FL 34983
 City-St-Zip:
 PT. ST. LUCIE, FL 34984

 Name:
 ZAZA, SHARIE
 Name:
 MASON, SEAN

 Address:
 416 SE STARFISH AVE
 Address:
 1608 SW TAURUS LANE

City-St-Zip: PT. ST. LUCIE, FL 34983 City-St-Zip: PT. ST. LUCIE, FL 34984

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SEAN, MASON
 Name:
 MACK, WILLIAM

 Address:
 416 SE STARFISH AVE
 Address:
 1608 SW TAURUS LANE

 City-St-Zip:
 PT ST LUCIE, FL 34983
 City-St-Zip:
 PT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify 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 A. ZAZA P 04/30/2009