

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004579

Entity Name: SHOCK ELECTRONICS, INC.

FILED
Jan 29, 2004
Secretary of State

Current Principal Place of Business:

14114 63RD WAY N
CLEARWATER, FL 34620

New Principal Place of Business:

2337 MESSENGER CIRCLE
SAFETY, FL 34695

Current Mailing Address:

14114 63RD WAY N
CLEARWATER, FL 34620

New Mailing Address:

2337 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695

FEI Number: 59-3165791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGALSKI, DAVID M
5957 BAYVIEW CIRCLE S
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

ROGALSKI, DAVID M
2337 MESSENGER CIRCLE
SAFETY HARBOR, FL 33695 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: DAVID M ROGALSKI

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGALSKI, DAVID M
Address: 5957 BAYVIEW CIRCLE S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGALSKI, DAVID M
Address: 2337 MESSENGER CIRCLE
City-St-Zip: SAFETY HARBOR, FL 33695

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: DAVID M ROGALSKI

P

01/29/2004

Electronic Signature of Signing Officer or Director

Date