

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000103474

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: SHADAVRUS CAPITAL TRUST, INC.

**Current Principal Place of Business:**

3343 HYDE PARK DRIVE  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3343 HYDE PARK DRIVE  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 59-3486078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARCOCCI, CARL  
3343 HYDE PARK DRIVE  
CLEARWATER, FL 33761      US

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

MARCOCCI, BETTY L  
3343 HYDE PARK DRIVE  
CLEARWATER, FL 33761      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: BETTY L. MARCOCCI      01/11/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MARCOCCI, CARL  
Address: 3343 HYDE PARK DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARCOCCI, BETTY L  
Address: 3343 HYDE PARK DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: VPT ( ) Change (X) Addition  
Name: MOFFATT, SHARON  
Address: 3343 HYDE PARK DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Change (X) Addition  
Name: MARCOCCI, RUSSELL  
Address: 3343 HYDE PARK  
City-St-Zip: CLEARWATER, FL 33761

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: BETTY L. MARCOCCI      P/D      01/11/2007  
Electronic Signature of Signing Officer or Director      Date