

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080700

Entity Name: SHOW SYSTEMS, INC.

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

6450 KINGSPONTE PARKWAY  
SUITE #6  
ORLANDO, FL 32819 US

## New Principal Place of Business:

## Current Mailing Address:

6450 KINGSPONTE PARKWAY  
SUITE #6  
ORLANDO, FL 32819 US

## New Mailing Address:

FEI Number: 59-3533078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SNIPES, ALEXANDRA P  
6450 KINGSPONTE PARKWAY  
SUITE #6  
ORLANDO, FL 32819 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: PST ( ) Delete  
Name: SNIPES, ALEXANDRA P  
Address: 6450 KINGSPONTE PARKWAY, STE #6  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: SNIPES, FRANK V  
Address: 6450 KINGSPONTE PARKWAY, STE #6  
City-St-Zip: ORLANDO, FL 32819

Title: SEC ( ) Delete  
Name: SINTOW, IRENE  
Address: 6450 KINGSPONTE PARKWAY, STE #6  
City-St-Zip: ORLANDO, FL 32819

Title: TREA ( ) Delete  
Name: SINTOW, RODERICK  
Address: 6450 KINGSPONTE PARKWAY, STE #6  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ALEXANDRA P SNIPES

PST

01/09/2008

Electronic Signature of Signing Officer or Director

Date