

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000002131

FILED
Aug 03, 2009
Secretary of State**Entity Name:** SWAP SHOP INC.**Current Principal Place of Business:**3291 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311 US**New Principal Place of Business:****Current Mailing Address:**3291 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311 US**New Mailing Address:****FEI Number:** 41-2107813**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMMS, RONALD
2302 E. HILLSBOROUGH AVE
TAMPA, FL 33610 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATHERS, PAUL
Address: 3291 W. SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: STD () Delete
Name: CATHERS, CHRISTINA A
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: D () Delete
Name: SALZER, JOAN E
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENN, BETTY
Address: 3291 W. SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD (X) Change () Addition
Name: HENN, PRESTON
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: VPD (X) Change () Addition
Name: CATHERS, PAUL
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: STD () Change (X) Addition
Name: CATHERS, CHRISTINA A
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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: BETTY HENN

PRES

08/03/2009

Electronic Signature of Signing Officer or Director

Date