

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003555

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHADOW FINANCIAL SYSTEMS, INC

Current Principal Place of Business:

91 FIELDCREST AVE.
EDISON, NJ 08837

New Principal Place of Business:

Current Mailing Address:

91 FIELDCREST AVE.
EDISON, NJ 08837

New Mailing Address:

FEI Number: 22-3564167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: SOUTH, JOSEPH
Address: 91 FIELDCREST AVE. 1ST FLOOR
City-St-Zip: EDISON, NJ 08837

Title: CAO () Delete
Name: BELL, CHRISTOPHER
Address: 91 FIELDCREST AVE. 1ST FLOOR
City-St-Zip: EDISON, NJ 08837

Title: CEO () Delete
Name: MARINO, DONALD
Address: 91 FIELDCREST AVE. 1ST FLOOR
City-St-Zip: EDISON, NJ 08837

Title: COO () Delete
Name: HERRERA, JULIO
Address: 91 FIELDCREST AVE. 1ST FLOOR
City-St-Zip: EDISON, NJ 08837

Title: V () Delete
Name: RODRIGUEZ, FRED
Address: 91 FIELDCREST AVE. 1ST FLOOR
City-St-Zip: EDISON, NJ 08837

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:

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: DONALD MARINO

CEO

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date