2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F9700006864

1. Entity Name SHOOSTER MANAGEMENT, INC.



FILED Feb 11, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073



01152008

No Cha-P

CR2E034 (11/05)

4. FEI Number 23-2857801

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC. 450 E. LAS OLAS BLVD. #1400 FT. LAUDERDALE,, FL 33301

MEDIA, PA 19063

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				,	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees			U00000822206 02/19/08-80057-024 150.00
10. OFFICERS AND DIRECTORS					,
TITLE	CEPD				
NAME	SHOOSTER, DANIEL H				
STREET ADDRESS	2900 W. SAMPLE ROAD				
CITY-ST-ZIP	POMPANO BEACH, FL 33073		L		
TITLE	STVD		1		
NAME	SHOOSTER, DONALD F				
STREET ADDRESS	519 E BALTIMORE PIKE				•

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08

<u> 954)919-4555</u>

- Daysme P