2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H45365

Entity Name: SHILP, INC.

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
402 HIGH	POINT DRIVE				
SUITE 101					
COCOA, F	-L 32926 C	JS			
Current Mailing Address:			New Mailing Address:		
	POINT DRIVE	Ē			
SUITE 101 COCOA, F		JS			
	: 59-2498863	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
,	MR. JOHN TH U.S. HIGH FL 32926 U	HWAY 1 JS			
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or both,
SIGNATU	RF.				
		nic Signature of Registered Ag	ent		 Date
Election Car		ng Trust Fund Contribution ().			
Licetion Cai	npaign i mancii	ig mast rand contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	VP () Delete	Title:	Р (Х	() Change () Addition
Name:	SHAH, MAHES		Name:	SHAH, MAHESH R 402 HIGH POINT DRIVE	
Address:	402 HIGH POI		Address:		
City-St-Zip:	COCOA, FL 3	2926	City-St-Zip:	COCOA, FL 3	2926
Title:	Р () Delete	Title:	VP (X	() Change () Addition
Name:	AMIN. MANU	, 2 3.3.3	Name:	AMIN, MANU 402 HIGH POINT DRIVE COCOA, FL 32926	
Address:	402 HIGH POI	NT DRIVE	Address:		
City-St-Zip:	COCOA, FL 3		City-St-Zip:		
Title:	VPT () Delete	Title:	() Change ()Addition
Name:	AMIN, SUMED	HA	Name:		
Address:	402 HIGH POI	NT DRIVE	Address:		
City-St-Zip:	COCOA, FL 3	2926	City-St-Zip:		
Title:	VPS () Delete	Title:	() Change ()Addition
Name:	SHAH, RASHM	н м	Name:	,	
Address:	402 HIGH POI	NT DRIVE	Address:		
City-St-Zip:	COCOA, FL 3	2926	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: RASHMI SHAH VPS 04/02/2008