

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                          |                                                                         |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>DOCUMENT # H74763</b>                                                                 |                                                                         |
| 1. Entity Name<br><b>TREE SHAPERS, INC.</b>                                              |                                                                         |
|         |                                                                         |
| Principal Place of Business<br><b>1604 CLARE AVENUE<br/>WEST PALM BEACH, FL 33401 US</b> | Mailing Address<br><b>PO BOX 33299<br/>PALM BEACH GARDENS, FL 33410</b> |



08182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>58-2579502</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>DULL, CHRISTOPHER W<br/>1604 CLARE AVENUE<br/>WEST PALM BCH., FL 33401</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

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  **08/28/07-80904-016-150.00**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required after filing) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

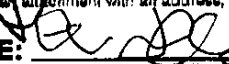
**\$5.00** May Be  
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |                                                                                             |
|------------------------------------------------|---------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DULL, CHRISTOPHER W<br/>1700 PRESIDENTIAL WY 107<br/>WEST PALM BEACH, FL 33401</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |

**DO NOT WRITE  
IN THIS SPACE**

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 included 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:  **8-23-07** **561-234-4552**  
Signature and typed or printed name of signing officer or director Date Daytime Phone