2007 FOR PROFIT CORPORATION

FILED Apr 26, 2007 8:00 am Secretary of State

| ANNUAL | REPORT | |
|---------------|--------|--|
| | | |

| 1. Entity Nam | MENT # J73451 SHOP/DEERFIELD, INC. | | | | | 04-26-200 | 7 90451 (| 001 *3,00 | 0.00 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|----------------------------------------------------|-----------------------|------------------------|----------------|---------------------------------------------------|---------------------------|
| 4008 W HILL | ace of Business Mailing Address ILLSBORO BLVD D BEACH, FL 33442 US Mailing Address 111 WAGARAW RD. HAWTHORNE, NJ 07506-2711 US | | | | 66011175 | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 04122007 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | 9 | City & State | | | 4. FEI Numb | | | _ | plied For t Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | 8.75 Add ee Require | |
| | 6. Name and Address of Current | Registered Agent | Ma | *** | 7. Name and | Address of New | Registered A | gent | |
| CTCORP | ORATION SYSTEM | | Na | Name | | | | | |
| | TH PINE ISLAND ROAD ON, FL 33324 | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | · | | | | | | | | |
| | | | City | у | | | FL | Zip Code | € |
| | named entity submits this statement folions of registered agent. | or the purpose of changing it | s registered off | ice or register | red agent, or bo | oth, in the State of F | lorida. I am f | amiliar with, | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (INC | TE. Registered Agent | signature required | d when reinstating) | | DATE | | |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | L /CHANGES TO OF | FICERS AND | DIRECTORS | S IN 11 |
| TITLE | PD SYPETAR MARK | ☐ Delete | TITLE | SIV | **1 - : - | | | Change | Addition |
| NAME STREET ADORESS | SYRSTAD, MARK 111 WAGARAW ROAD | | NAME Street add | | n Udasin Wagaraw R | oad | | | |
| CITY-ST-ZIP | HAWTHORNE, NJ 07506 | | CITY-ST-ZIF | r | :home, NJ | | | | |
| TITLE | ST CTEVEN D | ★ Delete | TITLE | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | BARNETT, STEVEN B 111 WAGARAW ROAD | | NAME STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | HAWTHORNE, NJ 07506 | | CITY-ST-ZIF | , | | | ·=-·· | | |
| TITLE | D KING, SCOTT T | ☐ Delete | TITLE NAME | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | 111 WAGARAW RD. | | STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | HAWTHORNE, NJ 07506 | | CITY-ST-ZIF | , | | | | | |
| TITLE NAME | V LOMBARDO, JUDITH. | ☐ Delete | TITLE NAME | | | | | ☐ Change | Addition |
| STREET ADDRESS | 111 WAGARAW RD. | | STREET ADD | RESS | | | | | |
| CITY-S1-ZIP | HAWTHORNE, NJ., | | CITY-ST-ZIF | > | | | | | |
| TITLE NAME | D ALLEN, JAMES D | ☐ Delete | TITLE NAME | | | | | ☐ Change | Addition |
| STREET ADDRESS | 111 WAGARAW ROAD | | STREET ADD | ress | | | | | |
| CITY-ST-ZIP | HAWTHORNE, NJ 07506 | | CITY-ST-ZII | P | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | Change | ☐ Addition |
| STREET ADDRESS | | | STREET ADD | 1 | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZII | | | n Etc. 14- 0 7 | I (mb : | 16 . ab 2 | |
| 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: Seth Udas.in 4/17/07 (973)423-1303 ext. 115 | | | | | | | | | |