2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039965

City-St-Zip: MALABAR, FL 32950

Entity Name: SHAPES GROUP LTD CO.

FILED Jan 24, 2007 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	NDATION PAF ', FL 32909	RK BLVD.			
Current Mailing Address:			New Mailing Address:		
	NDATION PAF ′, FL 32909	RK BLVD.			
FEI Number	: 20-0670038	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
320 FORT MERRITT	AMES S CPA ENBERRY RC ISLAND, FL 3	2952 US	urnoso of changing its root	stered office or registered agent, or both	
	of Florida.	submits this statement for the pr	urpose of changing its regi	stered office of registered agent, or both	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:			Title: , INC Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () LARSON, D. JE 3225 JORDAN MALABAR, FL	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () LANZA, SANDR 3225 JORDAN MALABAR, FL	BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGR () ORR, DEBY 3225 JORDAN) Delete BLVD	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: D. JEROME LARSON MGR 01/24/2007