2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L25171

Entity Name: ASSURA - SHAUN CORP.

Current Principal Place of Business:

CRYSTAL LKE CHEVRON
390 W. SAMPLE RD
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

6795 NW 43RD PLACE
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0150138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, RAMAN
6795 N.W. 43RD PL.
CORAL SPRINGS, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASSURA, ROBERT
Address: 6795 NW 43RD PL
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VS ( ) Delete
Name: ROBERT, AKLIMA,
Address: 6795 N.W. 43RD PL.
City-St-Zip: CORAL SPRINGS, FL

Title: D ( ) Delete
Name: ROBERT, SHAUN
Address: 6795 N.W. 43RD PL.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KUMAR, SANDHYA
Address: 6795 N.W. 43RD PL.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KUMAR, PRIYA
Address: 6795 N.W. 43RD PL.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KUMAR, ANANDA
Address: 6795 N.W. 43RD PL.
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RAMAN ROBERT PRES 01/05/2009

Electronic Signature of Signing Officer or Director Date