

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 02, 2008  
Secretary of State**

DOCUMENT# M01127

Entity Name: 901 SHOP, INC.

**Current Principal Place of Business:**

3281 SE SLATER ST  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

3281 SE SLATER ST  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 59-2432722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REFENNING, JACK B.  
3281 SE SLATER ST.  
STUART, FL 34997    US

**Name and Address of New Registered Agent:**

REFENNING, BRADY B PTD  
3281 SE SLATER ST.  
STUART, FL 34997    US

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: BRADY B REFENNING      07/02/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title:      VPD      ( ) Delete  
Name:      REFENNING, JACK B.,  
Address:    11816 GRAPEFRUIT CT.  
City-St-Zip: PALM CITY, FL 34990

Title:      PD      ( ) Delete  
Name:      REFENNING, BRADY B  
Address:    862 SW PINE TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title:      STD      (X) Delete  
Name:      REFENNING, JO-ELLEN  
Address:    11816 SW GRAPEFRUIT CT.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      PTD      (X) Change ( ) Addition  
Name:      REFENNING, BRADY B  
Address:    862 SW PINE TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title:      VPSD      (X) Change ( ) Addition  
Name:      REFENNING, JO-ELLEN  
Address:    11816 SW GRAPEFRUIT COURT  
City-St-Zip: PALM CITY, FL 34990

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: BRADY B. REFENNING      PTD      07/02/2008  
Electronic Signature of Signing Officer or Director      Date