2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004763

Entity Name: IN THE SHADOW OF THE SHEPHERD INC

FILED May 01, 2002 8:00 AM Secretary of State

		New Princ	•	
2699 SEVILLE BLVD UNIT # 401 CLEARWATER, FL 33764		SUITE A	12651 WALSINGHAM ROAD SUITE A LARGO, FL 33774	
Current Mailing Address: 2699 SEVILLE BLVD UNIT # 401 CLEARWATER, FL 33764		New Maili	New Mailing Address: 12651 WALSINGHAM ROAD SUITE A LARGO, FL 33774	
		SUITE A		
FEI Number: 59-373077	70 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address	of Current Registered Agent:	Name and	Address of New Registered Agent:	
ROHRET, KARIN 5290 SEMINOLE BL JNIT E/F ST PETERSBURG, The above named e n the State of Florid	FL 33708 US ntity submits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:	otania Ciaratana af Daniatana d'Assara		Data	
Electronic Signature of Registered Agent			Date	
OFFICERS AND DI	RECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Name: FISH, NAI Address: 2699 SEN	() Delete NCY /ILLE BLVD # 401 ATER, FL 33764	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: FISH, NAI Address: 2699 SEN	NCY /ILLE BLVD #401	Name: Address:	() Change () Addition VP () Change (X) Addition FLETCHER, PAULA 12651 WALSINGHAM ROAD UNIT A LARGO, FL 33774	
Name: FISH, NAI Address: 2699 SEN CLEARW Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	NCY /ILLE BLVD #401 ATER, FL 33764	Name: Address: City-St-Zip: Title: Name: Address:	VP () Change (X) Addition FLETCHER, PAULA 12651 WALSINGHAM ROAD UNIT A	
Name: FISH, NAI Address: 2699 SEN City-St-Zip: CLEARW Fitle: Name: Address:	NCY /ILLE BLVD # 401 /ATER, FL 33764 () Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VP () Change (X) Addition FLETCHER, PAULA 12651 WALSINGHAM ROAD UNIT A LARGO, FL 33774 T () Change (X) Addition ROHRET, KARIN 5290 SEMINOLE BLVD E/F	
Name: FISH, NAI Address: 2699 SEN CLEARW Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	NCY //ILLE BLVD # 401 ATER, FL 33764 () Delete () Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VP () Change (X) Addition FLETCHER, PAULA 12651 WALSINGHAM ROAD UNIT A LARGO, FL 33774 T () Change (X) Addition ROHRET, KARIN 5290 SEMINOLE BLVD E/F ST PETERSBURG, FL 33708 D () Change (X) Addition MARKOWSKI, JUDY 12651 WALSINGHAM ROAD SUITE A	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN ROHRET T 05/01/2002