

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012094

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE SHOWER HOUSE, INC.

Current Principal Place of Business:

10211 PINES BLVD., #185
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10211 PINES BLVD., #185
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 26-1592213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MICHELLIAH
10211 PINES BLVD., #185
PEMBROKE PINES, FL 33026

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, MICHELLIAH CEO
Address: 10211 PINES BLVD., #185
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD () Delete
Name: MCCRANEY, KENNETH
Address: 401 SW 158TH TERR #204
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D () Delete
Name: HASLEM, UDONIS
Address: PO BOX 2467
City-St-Zip: FT LAUDERDALE, FL 33303 US

Title: SEC () Delete
Name: LOMONACO, MONICA
Address: 8564 SW 115 CT
City-St-Zip: MIAMI, FL 33173 US

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLIAH DAVIS

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date