

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035576

Entity Name: SHOTGUN CYCLES, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

1110 W. OAKLAND PARK BLVD.  
WILTON MANORS, FL 33311

## New Principal Place of Business:

590 SW 9TH TERRACE, #5/6  
POMPANO BEACH, FL 33069

## Current Mailing Address:

135 ROSE BRIAR DRIVE  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 65-1016066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MATTI, CHRISTOPH A  
1100 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33301      US

## Name and Address of New Registered Agent:

MATTI, CHRISTOPH A  
590 SW 9TH TERRACE, #5/6  
POMPANO BEACH, FL 33069      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MATTI, CHRISTOPH A  
Address: 2910 N.E. 15TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 333344410

Title: ST ( ) Delete  
Name: SULLIVAN, BARBARA A  
Address: 135 ROSE BRIAR DRIVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete  
Name: FERNANDEZ, SILVIA  
Address: 2910 N.E 15TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition  
Name: FERNANDEZ, SILVIA  
Address: 2910 N.E 15TH TERRACE  
City-St-Zip: OAKLAND PARK, FL 33334

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

SIGNATURE: BARBARA A. SULLIVAN

Electronic Signature of Signing Officer or Director

S/T

04/27/2005

Date