

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000075760			40105323
1. Entity Name SHOP CONSULTING CORPORATION			
Principal Place of Business 300 5TH AVE S # 101-302 NAPLES, FL 34102		Mailing Address 300 5TH AVE S # 101-302 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE			
		02162007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3751377		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRITSCH, HELMUT 300 5TH AVE SOUTH SUITE 101-302 NAPLES, FL 34102		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Helmut Fritsch <small>(NOTE: Registered Agent signature required when reinstating)</small>	
		2/28/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRITSCH, NAME Helmut 300 5TH AVE S #101-302 NAPLES, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITSCH, KIRSTEN 300 5TH AVE S #101 NAPLES, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2/28/07 239-2633080 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			