

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116918

Entity Name: SHOW SECRETARIES, INC.

FILED  
May 03, 2006  
Secretary of State

## Current Principal Place of Business:

1305 OAK VALLEY DRIVE  
SEFFNER, FL 33584

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3268  
BRANDON, FL 33509

## New Mailing Address:

FEI Number: 13-4217785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERGHORN, GAIL  
PO BOX 3268  
BRANDON, FL 33509 US

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERGHORN, GAIL  
Address: PO BOX 3268  
City-St-Zip: BRANDON, FL 33509

Title: VD ( ) Delete  
Name: JACKSON, SHARON  
Address: PO BOX 3268  
City-St-Zip: BRANDON, FL 33509

Title: STD ( ) Delete  
Name: STEFFENHAGEN, GLENN  
Address: 33720 SERENE RD  
City-St-Zip: PUNTA GORDA, FL 33982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition  
Name: STEFFENHAGEN, GLENN  
Address: 4650 RUSTIC DR  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL BERGHORN

PD

05/03/2006

Electronic Signature of Signing Officer or Director

Date