2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116918

Name:

Address:

City-St-Zip:

BERGHORN, BRYAN

SEFFNER, FL 33584

1305 OAK VALLEY DRIVE

Entity Name: SHOW SECRETARIES, INC.

FILED Aug 11, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VALLEY DRIN 2, FL 33584	Æ			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 7 SEFFNER	090 2, FL 33583				
FEI Number	: 13-4217785	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	e of Florida.	US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
Electronic Signature of Registered Agent			jent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (BERGHORN, 0 PO BOX 7090 SEFFNER, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (STEFFENHAG 4650 RUSTIC PUNTA GORD	DR [®]	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	STD () Delete	Title:	() Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: GAIL BERGHORN PRES 08/11/2008