


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90089 003 \*\*\*150.00

<b>DOCUMENT # P02000119477</b>					
<b>1. Entity Name</b> SHABAT HOLDINGS, INC.					
<b>Principal Place of Business</b> 330 A1A NORTH SUITE 212 PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 330 A1A NORTH SUITE 212 PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0752192	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BATTEN, W. HOWARD 91 SAN JUAN DR SUITE D4 PONTE VEDRA BEACH, FL 32082			Name <u>BATTEN, W. HOWARD</u> Street Address (P.O. Box Number is Not Acceptable) <u>91 SAN JUAN DR. SUITE R2</u> City <u>PONTE VEDRA BEACH</u> FL <u>32082</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> BATTEN, SHARON R	<input type="checkbox"/> Delete	<b>TITLE</b> SAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 91 SAN JUAN DRIVE D4	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		<b>STREET ADDRESS</b> SAME	CITY-ST-ZIP 91 SAN JUAN DR - R2	
<b>TITLE</b> VSTD	<b>NAME</b> BATTEN, W. HOWARD	<input type="checkbox"/> Delete	<b>TITLE</b> SAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 91 SAN JUAN DRIVE D4	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		<b>STREET ADDRESS</b> SAME	CITY-ST-ZIP 91 SAN JUAN DR - R2	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 		<b>STREET ADDRESS</b> 	CITY-ST-ZIP 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 		<b>STREET ADDRESS</b> 	CITY-ST-ZIP 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	CITY-ST-ZIP 		<b>STREET ADDRESS</b> 	CITY-ST-ZIP 	
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>3/5/07</u> Daytime Phone # <u>904-285-4227</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					