


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90032 002 \*\*\*150.00

<b>DOCUMENT # P03000013618</b>					
<b>1. Entity Name</b> SHAPE UP, INC.					
<b>Principal Place of Business</b> 499 S. INDIANA AVENUE SUITE 17 ENGLEWOOD, FL 34223			<b>Mailing Address</b> 499 S. INDIANA AVENUE SUITE 17 ENGLEWOOD, FL 34223		
<b>2. Principal Place of Business - No P.O. Box #</b> 489 S. INDIANA AVE		<b>3. Mailing Address</b> 489 S. INDIANA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ENGLEWOOD, FL		<b>City &amp; State</b> ENGLEWOOD, FL		<b>4. FEI Number</b> 04-3739836	
<b>Zip</b> 34223		<b>Country</b> SARASOTA		<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>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD CALIRI-GRANT, PATRICIA 499 S. INDIANA AVENUE, SUITE 17 ENGLEWOOD, FL 34223		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD CALIRI-GRANT, PATRICIA 489 S. INDIANA AVE ENGLEWOOD, FL 34223	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSTD GRANT, PETER C 499 S. INDIANA AVENUE, SUITE 17 ENGLEWOOD, FL 34223		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSTD GRANT, PETER C. 489 S. INDIANA AVE ENGLEWOOD, FL. 34223	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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 all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Peter C. Grant (V.P.)</u>			4/8/08 <span style="float: right;">941.661.7286</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">Daytime Phone #</span>		