2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097227

Entity Name: SHELLY SWED KLINGER, INC.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16400 COLLINS AVENUE 16500 COLLINS AVENUE

2645 851

SUNNY ISLES, FL 33160 US SUNNY ISLES, FL 33160 US

Current Mailing Address: New Mailing Address:

P.O. BOX 800022 16500 COLLINS AVENUE

AVENTURA, FL 33280 US 851 SUNNY ISLES, FL 33160 US

GONNT IGEES, T E 33100 GG

FEI Number: 77-0608037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLINGER, MARIO A
16400 COLLINS AVENUE
2645

KLINGER, MARIO A
16500 COLLINS AVENUE
851

SUNNY ISLES, FL 33160 US SUNNY ISLES, FL 33160 US

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: 03/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 KLINGER, MARIO A
 Name:
 KLINGER, MARIO A

 Address:
 16400 COLLINS AVENUE
 Address:
 16500 COLLINS AVENUE

City-St-Zip: SUNNY ISLES, FL 33160 US City-St-Zip: SUNNY ISLES, FL 33160 US

() Delete Title: VΡ Title: VΡ (X) Change () Addition Name: KLINGER, SHELLY Name: KLINGER, SHELLY 16400 COLLINS AVENUE Address: 16500 COLLINS AVENUE Address: City-St-Zip: SUNNY ISLES, FL 33160 US SUNNY ISLES, FL 33160 US City-St-Zip:

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: MARIO KLINGER P 03/02/2007