

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132497

Entity Name: SHRINKINK, INC.

FILED
May 16, 2005
Secretary of State

Current Principal Place of Business:

400 EXECUTIVE CENTER DRIVE, 202
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

400 EXECUTIVE CENTER DRIVE, 202
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-0399563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

H.A. INCORPORATED
308 NW 101ST TERRACE
CORAL SPRINGS, FL 33071 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: D () Delete
Name: HANLON, TRACY
Address: 400 EXECUTIVE CENTER DRIVE, 202
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACY C. HANLON

D

05/16/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date