

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000142687

Entity Name: SHAPE GLOBALBIZ, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4081 GAMBLE ROAD  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

4081 GAMBLE ROAD  
MONTICELLO, FL 32344 US

**New Mailing Address:**

FEI Number: 13-4270098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CREMEANS, MARY ELEANOR  
4081 GAMBLE ROAD  
MONTICELLO, FL 32344 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CREMEANS, MARY ELEANOR  
Address: 4081 GAMBLE ROAD  
City-St-Zip: MONTICELLO, FL 32344 US

Title: D  
Name: BASAPPA, PRABHU DEVA  
Address: 7259 SYLVAN GLADE CT  
City-St-Zip: SPRING HILL, FL 34607 US

I hereby 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 all other like empowered.

SIGNATURE: MARY ELEANOR CREMEANS

D

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date