2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000153060 1. Entity Name SHOWS MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 4424 SW 28 TERRACE 4424 SW 28 TERRACE DANIA, FL 33312 **DANIA, FL 33312** No Chg-P CR2E034 (11/05) 04302008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DOLPHIN DETAILS** DO NOT WRITE 4424 SW 28 TER FORT LAUDERDALE, FL 33312 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be *U000009*39855 \Box Trust Fund Contribution. Added to Fees 05/28/08-80044-006 150.00 OFFICERS AND DIRECTORS 10. TITLE SHOWS, TAMMY S NAME **4424 SW 28 TERRACE** STREET ADDRESS CITY-ST-ZIP **DANIA, FL 33312** TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF INTED NAME OF SIGNING OFFICER OR DIRECTOR