

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138352

Entity Name: SHRINK INC.

FILED  
Jan 28, 2007  
Secretary of State

**Current Principal Place of Business:**

105 CARLISLE LANE  
PORT SAINT LUCIE, FL 349521368 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 CARLISLE LANE  
PORT SAINT LUCIE, FL 349521368 US

**New Mailing Address:**

FEI Number: 20-1709387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARS & ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEHMAN, GAIL L PH.D.  
Address: 105 CARLISLE LANE  
City-St-Zip: PORT SAINT LUCIE, FL 349521368 US

**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 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: GAIL L LEHMAN, PH D

P

01/28/2007

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

\_\_\_\_\_ Date