2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000013268 1. Entity Name SHELVING SOLUTIONS, INC.					02-13-2006	90015 013 ***158	3.75
Principal Place of Business Mailing Address		1			C0044	0.4.	
1726 FRANKFORD AVE., UNIT # 7 PANAMA CITY, FL 32405	1726 FRANKFORD AVE., UNIT \$7 PANAMA CITY, FL 32405		60014914				
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2. Principal Place of Business	3. Mailing Address] 				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182006	Chg-P	CR2E034 (11/05)		
City & State	City & State			4. FEI Number	05348	·/ U 🗀	plied For t Applicable
Zip Country	Zip	Count	ry	5. Certificate of	of Status Desired	□ \$8.75 Add	
	Davidson da anna			<u> </u>		Fee Required	1
6. Name and Address of Current Registered Agent Dudley, Rebecch L.			Name	7. Name and 2	Address of New R	egistered Agent	
THOMAS, CARN-D.		ļ					
1726 FRANKFORD AVE., UNIT 7 PANAMA CITY, FL 32405		į	Street Address (P.O. Box Number is Not Acceptable)				
FAMANIA OTT 1, FL 32400 }		ĺ					
· ·			City FL Zip Code				
The above named entity submits this statement for the purpose of changing its register			ed office or registe	rad scent or both	in the State of Fin		and accept
the obligations of registered agent.	it for the purpose of changing its	ragistara					
SIGNATURE	Rebec	CAL	Dudle	y fre	Sident	1-28-1)0_
Signature, typed or printed name of registered as	gent and title if applicable. (NOTE		d Agent signature requires	.00 May Be		DATE	
After May 1, 2006 Fee will be \$55	0.00 Trust Fund Cont	tribution.		led to Fees			
10. OFFICERS A	ND DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11
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STREET ADDRESS 1726 Frankford Av. #7			-ST-ZIP				
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MANGE EN Auch Martinez		NAM	E				
		- 1	ET ADDRESS				
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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 of 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECOO

2-1-06

Daytime Phone #