


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 036 ***150.00

DOCUMENT # P05000013732

1. Entity Name
SHREY SHIPPING & BUSINESS SERVICES, INC



Principal Place of Business
**2880 DAVID WALKER DRIVE
 EUSTIS, FL 32726 US**


Mailing Address
**5010 TREASURE CAY RD
 TAVARES, FL 32778 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
2880 DAVID WALKER DR
 Suite, Apt. #, etc.

City & State
EUSTIS FL

Zip Country
32726 US



03282008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2243252

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NIHALANI, SAUMIL
 615 EAST ROSEWOOD LANE
 TAVARES, FL 32778**

7. Name and Address of New Registered Agent
 Name **NIHALANI, SAUMIL**
 Street Address (P.O. Box Number is Not Acceptable)
5010 TREASURE CAY ROAD
 City **TAVARES FL** Zip Code **32778**

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 obligation of registered agent.

SIGNATURE *SAUMIL NIHALANI* **SAUMIL NIHALANI 03-27-2008**
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIHALANI, SAUMIL 615 EAST ROSEWOOD LANE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T NIHALANI, SALONI 615 EAST ROSEWOOD LANE TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIHALANI, SAUMIL 2880 DAVID WALKER DR EUSTIS FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T NIHALANI, SALONI 2880 DAVID WALKER DR EUSTIS, FL 32726	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SAUMIL NIHALANI* **SAUMIL NIHALANI 03-27-2008, 352-483-7447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #