

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104047

Entity Name: IDENTITY SHOP, INC.

FILED
Jan 31, 2009
Secretary of State

Current Principal Place of Business:

11750 KIMMIE DRIVE
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

11750 KIMMIE DRIVE
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 51-0550742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAYMAN, ERIC
11750 KIMMIE DRIVE
COOPER CITY, FL 33026 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: PTS () Delete
Name: FLAYMAN, ERIC
Address: 11750 KIMMIE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: VS () Delete
Name: FLAYMAN, SONDR
Address: 8080 NW 15TH MANOR
City-St-Zip: PLANTATION, FL 333321=

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BAUM, STANLEY
Address: 9021 NW 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VS () Change (X) Addition
Name: FLAYMAN, LYSSA
Address: 11750 KIMMIE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: VS () Change (X) Addition
Name: BAUM, CAROLE
Address: 9021 NW 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: ERIC FLAYMAN

PTS

01/31/2009

Electronic Signature of Signing Officer or Director

Date