

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2008
Secretary of State**

DOCUMENT# P06000002477

Entity Name: SHAWN M. FOLBERG, MBA, CPA, PA

Current Principal Place of Business:

2435 US HWY 19
540
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1795
PORT RICHEY, FL 34673

New Mailing Address:

POST OFFICE BOX 1131
PORT RICHEY, FL 34673

FEI Number: 56-2537979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLBERG, SHAWN
2435 US HWY 19
540
HOLIDAY, FL 34691 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOLBERG, SHAWN CPA
Address: 2435 US HWY 19, SUITE 540
City-St-Zip: HOLIDAY, FL 34691

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 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: SHAWN FOLBERG

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05/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date