

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000027057 1. Entity Name SHOOSTER ACQUISITION COMPANY	
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Principal Place of Business C/O FESTIVAL MARKETPLACE 2900 WEST SAMPLE ROAD POMPAN0 BEACH, FL 33073	Mailing Address C/O FESTIVAL MARKETPLACE 2900 WEST SAMPLE ROAD POMPAN0 BEACH, FL 33073
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4494047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GY CORPORATE SERVICES, INC. 450 E. LAS OLAS BLVD. #1400 FT. LAUDERDALE,, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 obligations of registered agent.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000822207 02/19/08-80057-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHOOSTER, HARRY 2900 W. SAMPLE RD. POMPAN0 BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHOOSTER, DANIEL H 2900 W. SAMPLE RD POMPAN0 BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHOOSTER, DONALD F 2900 W. SAMPLE RD. POMPAN0 BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 a change of address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-08
Date

(954)979-4555
Daytime Phone #

Daniel H. Shooster Vice President