2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045639

FILED Mar 23, 2007 Secretary of State

Entity Name: S	SHAPE SHIFT	ERS, INC.				
Current Princip	Business:	New Princ	New Principal Place of Business:			
9745 TOUCHTO JACKSONVILLE	3302		9542 ARGYLE FOREST BLVD C-14 JACKSONVILLE, FL 32222			
Current Mailing		New Maili	New Mailing Address:			
9745 TOUCHTON ROAD NO 3302 JACKSONVILLE, FL 32246			6430 GREEN MYRTLE DRIVE JACKSONVILLE, FL 32258			
FEI Number: 20-459	99705 FE	Number Applied For()	FEI Number Not Applicable ()		Certificate of Status Desire	d()
Name and Addr	nt Registered Agent:	Name and	Name and Address of New Registered Agent:			
CHUNN, DOUGI ONE INDEPEND JACKSONVILLE The above name in the State of Flo	DENT DRIVE , FL 32202 d entity subm	US	ourpose of changing i	ts registered	office or registered agent,	or both,
SIGNATURE:						
_	gnature of Registered Ag	ent	Date			
Election Campaign	Financing Trus	et Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delet	e	Title: Name: Address: City-St-Zip:	ARCE, REBE 6430 GREEN	() Change (X) Addition CCA A PRES I MYRTLE DRIVE LLE, FL 32258	
Title: Name: Address: City-St-Zip:	() Delet	е	Title: Name: Address: Citv-St-Zip:	ARCE, WILLI 6430 GREEN	() Change (X) Addition IAM DIR I MYRTLE DRIVE .LE. FL 32258	

I hereby certify that the information supplied with this filing does not qualify for the 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: REBECCA ARCE **PRES** 03/23/2007