2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Aug 09, 2007 8:00 am Secretary of State

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20 33.57 County S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Also-Shake Sport Packer If LOPEZ, CECILIA A THE above named entry 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, type or presed rame or registered agent or the Fund Contribution. SIGNATURE Signature, type or presed rame or registered agent. SIGNATURE Signature, type or presed rame or registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligat	MiA	m, +(:	4. FEI Numb	oer 500580 M	· ——	· · · · · · · · · · · · · · · · · · ·	
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Singer Address P.O. Box Number is Not Acceptable		6. Name and Address of Current R	Name	7. Name an	d Address of New Re	egistered Agent			
City FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 P. Election Campaign Financing \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE STRET ADDRESS STRET ADDRESS	LOPEZ, CECILIA A				(Agilie				
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