

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000073205

1. Entity Name
SHUTTER UP INDUSTRIES, INC.



**FILED
Mar 06, 2008 8:00 am
Secretary of State**

03-06-2008 90048 029 ***158.75

Principal Place of Business
3080 SPRINGFIELD LANE
LAKE WORTH, FL 33461

Mailing Address
3080 SPRINGFIELD LANE
LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #

1200 Scotia Drive

3. Mailing Address

1200 Scotia Drive

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

HYPOLUXO

City & State

FL

Zip

33462

Zip

Country

Country

4. FEI Number

56-2581655

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOBOSKO, JEREMEY
3080 SPRINGFIELD LANE
LAKE WORTH, FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KOBOSKO, JEREMEY
STREET ADDRESS 3080 SPRINGFIELD LANE
CITY-ST-ZIP LAKE WORTH, FL 33461

Delete

TITLE VP
NAME KOBOSKO, BRIAN
STREET ADDRESS 3105 VASSALLO AVE
CITY-ST-ZIP LAKE WORTH, FL 33461

Delete

TITLE S
NAME BLICKLEY, DEBORAH MD
STREET ADDRESS 1200 SCOTIA DRIVE #303
CITY-ST-ZIP HYPOLUXO, FL 33462

Delete

TITLE T
NAME BLICKLEY, WAYNE H
STREET ADDRESS 1200 SCOTIA DR #303
CITY-ST-ZIP HYPOLUXO, FL 33462

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 an address, with all other like empowered.

SIGNATURE: *Jeremy Lashed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/3/08

Date

x 561-441-9783

Daytime Phone #