## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000126555

Entity Name: FOAM 2 SHAPE, INC.

City-St-Zip:

FILED Jan 02, 2008 Secretary of State

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Current P	Principal Place of Business:	New Principal Place of Business:
751 FLEE	T FINANCIAL CT	1070 SHADICK DR #N
	OOD, FL 32750 US	ORANGE CITY, FL 32763 US
Current N	Mailing Address:	New Mailing Address:
600 LASA ALTAMON	LLE DR NTE SPRINGS, FL 32714 US	
FEI Number	r: 20-5653813 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		nt: Name and Address of New Registered Agent:
600 LASA ALTAMON	NTE SPRINGS, FL 32714 US	
	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
	Electronic Signature of Registere	d Agent Date
Election Ca	impaign Financing Trust Fund Contribution ( $$ )	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( ) Delete RIVERA, DEBORAH 600 LASALLE DR ALTAMONTE SPRINGS, FL 32714 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	( ) Delete	Title: VP ( ) Change (X) Addition Name: RIVERA, RAFAEL Address: 600 LASALLE DR City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: DEBORAH RIVERA Ρ 01/02/2008