2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137391

Entity Name: SHAMMAH MULTI-SERVICES, INC.

FILED Mar 04, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2722 W ATLANTIC BLVD SUITE 26 POMPANO BEACH, FL 33069			26	2722 W ATLANTIC BLVD 26 POMPANO BEACH, FL 33069	
Current IV	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
2722 W ATLANTIC BLVD SUITE 26 POMPANO BEACH, FL 33069			3610 NW 33RD AVE LAUDERDALE LAKES	3610 NW 33RD AVE LAUDERDALE LAKES, FL 33069 US	
FEI Number	: 20-5804688	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
11380 PR		NS NETWORK, INC. RMS ROAD #221E IS, FL 33410 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution (X).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHARLES, PA 2722 W ATLAN) Delete TRICK ITIC BLVD SUITE 26 ACH, FL 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARLES, CA 2722 W ATLAN) Delete RL H ITIC BLVD SUITE 26 ACH, FL 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARLES, NA 2722 W ATLAN) Delete DINE ITIC BLVD SUITE 26 ACH, FL 33069	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARL H CHARLES D 03/04/2008