

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90074 027 \*\*\*150.00

**DOCUMENT # P07000014642**

1. Entity Name  
**SHOPPERS VILLAGE MALL INC.**



**40074610**



Principal Place of Business      Mailing Address  
**935 PONDELLA ROAD**      **935 PONDELLA ROAD**  
**NORTH FT MYERS, FL 33903**      **NORTH FT MYERS, FL 33903**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**19751 N. Tamiami Tr**      **2370 Tucker Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01042008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**North Fort Myers FL**      **North Fort Myers FL**  
 Zip      Country      Zip      Country  
**33903**      **LEE**      **33917**      **LEE**

4. FEI Number      Applied For  
**46-1727660**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KLEN, LIZABETH J**  
**2370 TUCKER LANE**  
**NORTH FT. MYERS, FL 33903**

7. Name and Address of New Registered Agent  
 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 *Lizabett J. Klen*      DATE **3-30-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>KLEN, LIZABETH J</b> <b>2370 TUCKER LANE</b> <b>NORTH FT MYERS, FL 33903</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>KLEN, LIZABETH J</b> <b>2370 TUCKER LANE</b> <b>NORTH FT MYERS, FL 33903</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Lizabett J. Klen*      Date **3-30-08**      Daytime Phone # **239-567-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40074610

#PO700004642

I changed  
mailing address because  
I just found out  
I may not be able  
to keep this location  
I'm looking for new  
place if questions  
Please call  
239-567-2800 Thanks  
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