2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P07000032318

Entity Name: THEY'RE LIARS, INC.

Current Principal Place of Business:

101 SW 203 AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

101 SW 203 AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-0880054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAFFER, JOHN P
101 SW 203 AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHAFFER, JOHN P
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete
Name: SHAFFER, MICHAEL
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P ( ) Delete
Name: ZAPATA, FEDERICO
Address: 17055 SW 52 COURT
City-St-Zip: MIRAMAR, FL 33027

Title: P ( ) Delete
Name: TARAZONA, JUAN CARLOS
Address: 5960 NW 186 STREET, APT. #204
City-St-Zip: HIALEAH, FL 33015

Title: P (X) Delete
Name: HERNANDEZ, ALEX
Address: 1810 NW 119 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SHAFFER, NICHOLAS S
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P (X) Change ( ) Addition
Name: HERNANDEZ, ALEX
Address: 101 SW 203 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN SHAFFER P 03/31/2008

Electronic Signature of Signing Officer or Director Date