2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90025 023 ***150.00

DOCUMENT # P07000054305

1. Entity Name

SHUPP CONSULTING, INC.

Principal Place of Business	Mailing Address
~~1613 NW 5TH AVENUE~~ ~~FT. LAUDERDALE FL 33311~~	~~1613 NW 5TH AVENUE~~ ~~FT. LAUDERDALE FL 33311~~

66010798

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1301 Shotgun Road.	2216 Golden Gate Park
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Austin, TX
Zip: 33326 Country	Zip: 78732 Country: Travis

4. FEI Number: 26-0212005 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHUPP, VALERIE ~~1613 NW 5TH AVENUE~~ ~~FT. LAUDERDALE FL 33311~~ 1301 Shotgun Rd.	Name: Valerie Shupp Street Address (P.O. Box Number is Not Acceptable): ~~2216 Golden Gate Park~~ City: Weston FL Zip Code: 33326

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: Valerie Shupp DATE: 5/1/08

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHUPP, VALERIE	NAME	
STREET ADDRESS	~~1613 NW 5TH AVENUE~~ 2216 Golden Gate Park.	STREET ADDRESS	
CITY-ST-ZIP	FT. ~~LAUDERDALE FL 33311~~ Austin, TX 78732	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Valerie Shupp 5/1/08 9542758649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #