

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000085792

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Entity Name:** SHAPED RESPONSES INC.

**Current Principal Place of Business:**

5463 W. WATERS AVENUE  
SUITE 820  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5463 W. WATERS AVENUE  
SUITE 820  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 27-1142552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAREN, O'BRIEN  
5463 W. WATERS AVE  
SUITE 820  
TAMPA, FL 33634 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: O'BRIEN, KAREN  
Address: 17609 ARCHLAND PASS RD  
City-St-Zip: LUTZ, FL 33558

Title: VPSD  
Name: O'BRIEN, JAMES  
Address: 17609 ARCHLAND PASS ROAD  
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: KAREN O'BRIEN

PD

05/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date