

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P32390 1. Entity Name SHOWCASE PUBLICATIONS, INC.	
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Principal Place of Business P.O. BOX 491 TOMS RIVER, NJ 08754	Mailing Address P.O. BOX 491 TOMS RIVER, NJ 08754
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01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2240478	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRAPER, ROBERT N. 40 IRONS STREET TOMS RIVER, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HALUCHA, DONALD F. 40 IRONS STREET TOMS RIVER, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALUCHA, DONALD F. 40 IRONS STREET TOMS RIVER, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDERMOTT, JOHN 40 IRONS STREET TOMS RIVER, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALUCHA, ROBERT 40 IRONS STREET TOMS RIVER, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000599322
 01/25/07-80024-001 158.75

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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: John McDermott **John McDermott** VP | -18-07 732 349 1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #