

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000035065

1. Entity Name
 SHOP STOP, INC.



Principal Place of Business
 101 NORTH OCEAN DRIVE
 SUITE 113
 HOLLYWOOD, FL 33019

Mailing Address
 109 BRIDGE ST
 ELKTON, MD 21921 US

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0415005

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHURE, MICHAEL
 106 FEDERAL HWY
 DELRAY BEACH, FL 33483

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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: *M/A* (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	P GREENBERG, DONALD 109 BRIDGE STREET ELKTON, MD 21921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHURE, MICHAEL 1035 FEDERAL HWY DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/16/07-80017-003 150.00

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 officers or directors.

SIGNATURE: *[Signature]* Pres Date: 1/3/07 Daytime Phone #: 410 398-1961