

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 026 \*\*\*158.75

<b>DOCUMENT # P95000006395</b>					
<b>1. Entity Name</b> SHIPPING LORDS, INC.					
<b>Principal Place of Business</b> 10705 ROCKET BLVD STE #103 ORLANDO, FL 32824			<b>Mailing Address</b> 10705 ROCKET BLVD STE #103 ORLANDO, FL 32824		
<b>2. Principal Place of Business - No P.O. Box #</b> 405 SUNPORT LANE Suite, Apt. #, etc. STE # 450 City & State ORLANDO, FLORIDA Zip 32809 Country USA		<b>3. Mailing Address</b> 405 SUNPORT LANE Suite, Apt. #, etc. STE # 450 City & State ORLANDO, FLORIDA Zip 32809 Country USA			
<b>4. FEI Number</b> 59-3294646		Applied For Not Applicable			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, NEVILLE 10705 ROCKET BLVD SUITE #103 ORLANDO, FL 32824			<b>7. Name and Address of New Registered Agent</b> Name NEVILLE WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 405 SUNPORT LANE STE # 450 City ORLANDO FL Zip Code 32809		
<b>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.</b> SIGNATURE <u>NEVILLE WILLIAMS / PRESIDENT</u> <span style="float: right;">DATE <u>05/03/07</u></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NEVILLE 10705 ROCKET BLVD STE 103 ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NEVILLE WILLIAMS 405 SUNPORT LANE, STE # 450 ORLANDO, FLORIDA 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>NEVILLE WILLIAMS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>05/03/07</u> <span style="float: right;">(407) 240-7744</span> <small>Date</small>		