2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000021134

1. Entity Name

SHOW ME INCORPORATED



Principal Place of Business

SIGNATURE:

Mailing Address

450 EAST LAS OLAS BLVD. SUITE 1500 FORT LAUDERDALE, FL 33301 450 EAST LAS OLAS BLVD. SUITE 1500 FORT LAUDERDALE, FL 33301

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90230 018 ***150.00

40084509



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S5-0581048 Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC ONE SE THIRD AVE 27TH FLOOR MIAMI, FL 33131

DO	NOT	WRITE
IN :	THIS	SPACE

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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUIZENGA, JR., H. WAYNE 450 EAST LAS OLAS BLVD., 15 FLOO FORT LAUDERDALE, FL 33301	DR					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENNINGER, JR., ROBERT J 450 EAST LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRANDEN, CRIS V 55 450 EAST LAS OLAS BLVD., 15 FLOOR FORT LAUDERDALE, FL 33301			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.							

Cris V. Branden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR