

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 003 ***150.00

DOCUMENT # P95000078190					
1. Entity Name SHAPESHIFTER CORP.					
Principal Place of Business C/O FLORIDA PROFESSIONAL PROPERTY MGMT. 2737 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306			Mailing Address C/O FLORIDA PROFESSIONAL PROPERTY MGMT. 2737 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTUCCUI, ELEANOR 2737 E. OAKLAND PARK BLVD., #203 FT. LAUDERDALE, FL 33306			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT SMITH, RICHARD JBM-MGA 50716, PO BOX52-3510 MIAMI, FL 33152		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, HAROLD 4051 N OCEAN BLVD, #216A FORT LAUDERDALE, FL 33308		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 3SMITH, CIDIA J JBC-MGA 50716, PO BOX 52-3510 MIAMI, FL 33152		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPLEY, RON 4051 N OCEAN BLVD #216A FORT LAUDERDALE, FL 33308		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:			March 1, 2006 954-567-9111		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

40025201
P95000078190

Shapeshifter Corp
2737 E Oakland Park Blvd, Suite 203
Fort Lauderdale, FL 33306

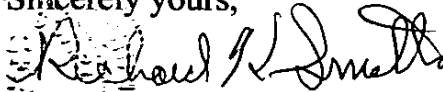
March 1, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

This is to advise the state of Florida that all of the board of directors for Shapeshifter Corp are here by changed to the following.

The only officer and director for the corporation is to be Richard Smith. There will be no other directors at this time effective March 1, 2006. This notice supercedes the annual report if it is received at a later date.

Sincerely yours,



Richard K Smith – President, Treasure, Sectary and sole director.