

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078190

Entity Name: SHAPESHIFTER CORP.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

C/O FLORIDA PROFESSIONAL PROPERTY MGMT.
2737 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDA PROFESSIONAL PROPERTY MGMT.
2737 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 65-0616310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTUCCUI, ELEANOR
2737 E. OAKLAND PARK BLVD., #203
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SPT () Delete
Name: SMITH, RICHARD
Address: JBM-MGA 50716, PO BOX52-3510
City-St-Zip: MIAMI, FL 33152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SPT (X) Change () Addition
Name: SMITH, RICHARD
Address: 2737 E OAKLAND PARK BLVD. #203
City-St-Zip: FORT LAUDERDALE, FL 33306

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR MATTUCCI

RA

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date