2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095941

MONTREAL-QUE, CA

City-St-Zip:

Entity Name: SHOP-EXP, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
425 PLACI 400	E JACQUES C	CARTIER				
	AL QUEBEC, (CA H2Y 31 US				
Current Mailing Address:				New Mailing Address:		
P.O. BOX 30129 PALM BEACH GARDENS, FL 33420 US				9810 ALTERNATE A1A SUITE 105 PALM BEACH GARDENS, FL 33410 US		
FEI Number:	: 65-0110317	FEI Number Applied F	or () FEI Numbe	er Not Applicable ()	Certificate of St	atus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
9100 DAD MIAMI, FL	RAN CENTER ELAND BLVD 33156 US		t for the purpose of c	hanging its registe	ered office or register	red agent or both
	e of Florida.		tror the purpose of o	nanging ito regiote	orea cimes or regions.	ed agent, or betti,
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financin	g Trust Fund Contributio	n ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT (WOLFE, HARV 698B ABERDE WESTMOUNT,	EN AVE	Na Ac	rle: ame: ldress: ty-St-Zip:	()Change ()Addit	ion
Title: Name: Address:	VPS (SHAPIRO, MAF 4710 ROSLYN		Na	ile: ame: Idress:	()Change ()Addit	ion

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARVEY WOLFE PRES 04/29/2005