2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P99000058177** 1. Entity Name F.P. SHONE CORP. Principal Place of Business Mailing Address 925 SOUTH FEDERAL HIGHWAY PO BOX 11229 **SUITE 425** KNOXVILLE, TN 37939 BOCA RATON, FL 33432

FILED Mar 18, 2008 08:00 A Secretary of State



CITY-ST-ZIP NEW YORK, NY 10165 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		The state of the s									
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6. Name and Address of Current Registered Agent BLALOCK LANDERS WATERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205 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 ear termilier with, and accept the notifigations of registered agent, or both, in the State of Florida. I ear termilier with, and accept the notifigations of registered agent. SIGNATURE Signature, hard or period favor of the flephalative part and the f	BME GREET				## ## 	65-0933	3355				
BLALOCK LANDERS WATERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205 B. 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 chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chilipation of Florida. I am familiar with, and accept the chil				3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	30	5. Certificate of	of Status Desired		♦8.75 Additional Fee Required		
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 Supplies Suppli		6. Name and Address of Current Regis	tered Agent	\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13/830				HADSSCHIKE S		
the obligations of registered agent. SIGNATURE Signature, bysed or printed name of registered agent and the 4 applicable PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 0. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. P NAME KAYDEN, BERNARD K STRET ADDRESS 550 MAMARONECK AVE., STE 404 HARRISON, NY 10528 11. USY D LEVIN, STEVEN BOCA RATON, FL 33432 V SCHWARTZ, THOMAS CITY-ST-2P SITE ADDRESS CITY-ST-2P NEW YORK, NY 10165 INC. STRET ADDRESS CITY-ST-2P TITLE NAME SIRECT ADDRESS CITY-ST-2P TITLE SIRECT ADR	802 11TH STREET WEST					40、"1989美公司标。	#UK\$\$\$\$P [PEP]\$BS	선생님 보였다	kali ikasematakini a		
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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 nate among provered 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 a provered to the corporation or nate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a provered.

SIGNATURE

Steven Levin, Vice President

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #