



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # S05063 1. Entity Name SHILLCO HOLDINGS (U.S.), INC.	
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Principal Place of Business 111 S. 17TH AVE HOLLYWOOD, FL 33020-6801	Mailing Address 111 S. 17TH AVE HOLLYWOOD, FL 33020-6801
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0240999	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHILLER, STEPHEN
111 S. 17TH AVE
HOLLYWOOD, FL 33020-6801

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000904678 05/01/08-20022-013 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHILLER, STEPHEN 111 S. 17TH AVE HOLLYWOOD, FL 330206801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHILLER, DAVID 111 S. 17TH AVE. HOLLYWOOD, FL 330206801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOROZ, BORIS 2030 S. OCEAN DR., #1709 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **BORIS MOROZ** **4/15/08** **(954) 921-4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #