

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003991

**Entity Name:** HALF SHIMMEE, INC.**Current Principal Place of Business:**C/O SCHRECK ROSE DAPELLO & ADAMS LLP  
5 COLUMBUS CIRCLE 20TH FLOOR  
NEW YORK, NY 10019**Current Mailing Address:**C/O SCHRECK ROSE DAPELLO & ADAMS LLP  
5 COLUMBUS CIRCLE 20TH FLOOR  
NEW YORK, NY 10019 US**FEI Number:** 46-0518251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*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

**Officer/Director Detail :**

Title	PRESIDENT
Name	KNIPFING, KEVIN
Address	C/O SCHRECK ROSE DAPELLO & ADAMS 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	SECRETARY
Name	KNIPFING, KEVIN
Address	C/O SCHRECK ROSE DAPELLO & ADAMS 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	TREASURER
Name	KNIPFING, KEVIN
Address	C/O SCHRECK ROSE DAPELLO & ADAMS 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	DIRECTOR
Name	KNIPFING, KEVIN
Address	C/O SCHRECK ROSE DAPELLO & ADAMS LLP 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10019

*I hereby 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 all other like empowered.*

**SIGNATURE: KEVIN KNIPFING****PRESIDENT****02/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date