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Secretary of State

03-19-2008 90019 026 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000141408

1. Entity Name
SHINY APPLE INC.

40048801

Principal Place of Business	Mailing Address
1703 NE 11TH ST CAPE CORAL, FL 33909	1703 NE 11TH ST CAPE CORAL, FL 33909

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1617 NE 2nd Ave.	P.O. BOX 62018
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL.	City & State: FORT MYERS FL
Zip: 33909 Country:	Zip: 33906. Country:

03172008 Chg-P CR2E034 (12/06)

4. FEI Number: 33-1078096 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, ALEXANDER 1703 NE 11TH ST CAPE CORAL, FL 33909	Name: LOPEZ, Alexander. Street Address (P.O. Box Number is Not Acceptable): 1617 NE 2nd Ave. City: CAPE CORAL FL Zip Code: 33909

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: [signature] Alexander Lopez 03/17/08.
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ALEXANDER 1703 NE 11TH ST CAPE CORAL, FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, ALEXANDER. P.O. BOX 62018. FORT MYERS FL 33906.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 03/17/08 (239)839-5299.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #