

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161873

FILED
Apr 29, 2006
Secretary of State

Entity Name: SHOOTING STAR PUBLISHING, INC.

Current Principal Place of Business:

1920 SW 12TH AVE.
OCALA, FL 34474

New Principal Place of Business:

PO BOX 4920
OCALA, FL 34478

Current Mailing Address:

1920 SW 12TH AVE.
OCALA, FL 34474

New Mailing Address:

PO BOX 4920
OCALA, FL 34478

FEI Number: 52-2446772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERRANDO-HIGGINS, MARY
1920 SW 12TH AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

VERRANDO-HIGGINS, MARY
1 JUNIPER TRL
OCALA, FL 34480 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:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VERRANDO-HIGGINS, MARY
Address: 1920 SW 12TH AVE.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: TRIPODI, JOHN
Address: 1920 SW 12TH AVE.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: STROUD, DAVID
Address: 1920 SW 12TH AVE.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VERRANDO-HIGGINS, MARY
Address: PO BOX 4920
City-St-Zip: OCALA, FL 34478

Title: D (X) Change () Addition
Name: TRIPODI, JOHN
Address: PO BOX 4920
City-St-Zip: OCALA, FL 34478

Title: D (X) Change () Addition
Name: STROUD, DAVID
Address: PO BOX 4920
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN TRIPODI

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date