

# 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