2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000080418

Entity Name: DROPS OF SHINE SERVICES, INC

Current Principal Place of Business:

8243 SEVERN DRIVE
UNIT C
BOCA RATON, FL 33433 US

New Principal Place of Business:

5052 NW 123RD AVE
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

8243 SEVERN DRIVE
UNIT C
BOCA RATON, FL 33433 US

New Mailing Address:

5052 NW 123RD AVE
CORAL SPRINGS, FL 33076 US

FEI Number: 20-5030279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EAGLE TAX REPRESENTATION, CORP
23150 SANDALFOOT PLAZA DRIVE
STE E
BOC A RATON, FL 334286530 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GABRIEL, MARIANGELA M
Address: 8243 SEVERN DRIVE UNIT C
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIANGELA M GABRIEL P 04/30/2007

Electronic Signature of Signing Officer or Director Date