## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 22, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9400081 SHINE CORPORATION	648			Secre	tary of State
Principal Plac 14101 NW 4 SUNRISE, FL		Mailing Address 14101 N.W. 4 ST. SUNRISE, FL 33325		ווופני פון ופערועעו ו	1) <b>184</b> 1) <b>50</b> 1) <b>186</b> 1) <b>187</b> 1) 1871	NUNU KANU KANANA KANANA ILATARA
C	OO NOT WRITE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chg-P CR2E	034 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required
					T WRIT S SPACI	
8. The above named entity submits this statement for the purpose of changing its Tegistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	LE NOW!!! FEE IS \$550.00 tue by September 7, 2005	Election Campaign Final     Trust Fund Contribution		.00 May Be of to Fees	00 <b>00</b> 003740 7/22 <b>/</b> 05-8000	)75 )7-013 550.00
10.	OFFICERS AND	DIRECTORS			A CONTRACTOR OF THE PARTY OF TH	<u>,                                    </u>
NAME STREET ADDRESS CITY-ST-ZIP	RILEY, JAMES 14101 N.W. 4TH ST. SUNRISE, FL 33325	•				>> ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Petri Visiti di Anna di			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>		IN TH	IS SPAC	E
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TITLE NAME STREET ADDRESS GITY+ST-ZIP					<u></u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information incleated 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: JAMES RILEY 6/30/05 974 845 9506						