


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110464 1. Entity Name EVERSHINE, INC.	
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Principal Place of Business 1690 W AIRPORT BLVD SANFORD, FL 32773	Mailing Address 1690 W AIRPORT BLVD SANFORD, FL 32773
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

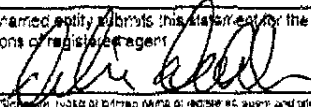
4. FEI Number 59-3614972	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEEPANKAR, DJLIP
 1690 W AIRPORT BLVD
 SANFORD, FL 32773**

DO NOT WRITE
 IN THIS SPACE

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:  04/22/06

(NOTE: Registered Agent signature required when re-stamping)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00

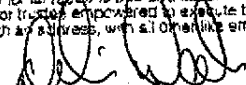
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AKBARALI, ALNOOR
STREET ADDRESS	1690 W. AIRPORT BLVD
CITY-ST-ZIP	BUNNELL, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000559312
 05/17/06-80131-019 150.00

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:  04/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR