

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005255 (3)

1. Corporation Name
SHANDA HOLDINGS, INC.



Principal Place of Business: 3347 MAINSAIL CRESCENT, MISSISSAUGA, ONTARIO L5L 1H3
Mailing Address: 3347 MAINSAIL CRESCENT, MISSISSAUGA, ONTARIO L5L 1H3

3. Date Incorporated or Qualified: 10/27/1995
3a. Date of Last Report: 04/03/1996
4. FEI Number: 98-0152519
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
LANIER, SUZANNE D ESO
2640 GOLDEN GATE PKWY
SUITE 208
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HASTINGS, JOHN	
STREET ADDRESS	3347 MAINSAIL CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5L 1H3	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HASTINGS, SHIRLEY	
STREET ADDRESS	3347 MAINSAIL CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5L 1H3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASTINGS, LINDA	
STREET ADDRESS	3347 MAINSAIL CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5L 1H3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASTINGS, SHAWN	
STREET ADDRESS	3347 MAINSAIL CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5L 1H3	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ DATE: FEB. 28/97 DAYTIME PHONE: 905-820-5108

CR2E034 (9/96)