

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90001 031 ***150.00

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DOCUMENT # F95000005255 1. Entity Name SHANDA HOLDINGS, INC.					
Principal Place of Business 26 APPALOOSA TRAIL CARLISLE, ON 10r-1h3 CA			Mailing Address 26 APPALOOSA TRAIL CARLISLE, ON 10r-1h3 CA		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANIER, SUZANNE D ESQ 2640 GOLDEN GATE PKWY SUITE 206 NAPLES, FL 33942				Name Suzanne D. Lanier Street Address (P.O. Box Number is Not Acceptable) 549 9th St North Suite 300 City Naples FL Zip Code 34102	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-25-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASTINGS, JOHN 26 APPALOOSA TRAIL CARLISLE, CANADA, ON 10r 1h3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASTINGS, SHIRLEY 26 APPALOOSA TRAIL CARLISLE, CANADA, ON 10r 1h3	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, LINDA 21 DONALD SIM AVE MARKHAM, ONTARIO, CA 16b 1b6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLLOWS, SHAWN 342 MILLGROVE RD MILLGROVE, ONTARIO, CA 10r 1v0	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I 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 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.			Date MAR-28/05 (9:57) 690-7113		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					