

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005255

Entity Name: SHANDA HOLDINGS, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

26 APPALOOSA TRAIL  
CARLISLE, ON L0R 1H3

## New Principal Place of Business:

26 APPALOOSA TRAIL  
CARLISLE, ON L0R 1H3

## Current Mailing Address:

26 APPALOOSA TRAIL  
CARLISLE, ON L0R 1H3

## New Mailing Address:

26 APPALOOSA TRAIL  
CARLISLE, ON L0R 1H3

FEI Number: 98-0152519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANIER, SUZANNE D ESQ  
399 9TH ST. NORTH  
SUITE 300  
NAPLES, FL 34102 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: HASTINGS, JOHN  
Address: 26 APPALOOSA TRAIL  
City-St-Zip: CARLISLE, CANADA, ON L0R 1H3

Title: S ( ) Delete  
Name: HASTINGS, SHIRLEY  
Address: 26 APPALOOSA TRAIL  
City-St-Zip: CARLISLE, CANADA, ON L0R 1H3

Title: D ( ) Delete  
Name: DUNCAN, LINDA  
Address: 21 DONALD SIM AVE  
City-St-Zip: MARKHAM, ONTARIO, CA L6B 1B6

Title: D ( ) Delete  
Name: FOLLOWS, SHAWN  
Address: 342 MILLGROVE RD  
City-St-Zip: MILLGROVE, ONTARIO, CA L0R 1V0

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUZANNE D. LANIER

ESQ

04/27/2006

Electronic Signature of Signing Officer or Director

Date

PER E-MAIL DATED 9/6/06 FROM JANE E. LAMBERSON, CPA  
SUZANNE D. LANIER HAS POWER OF ATTORNEY TO SIGN ON