


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90026 004 \*\*\*150.00

<b>DOCUMENT # P97000106686</b>	
1. Entity Name <b>SHADDIX HOLDING COMPANY</b>	

Principal Place of Business <b>1275 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>	Mailing Address <b>1275 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01192007	Chg-P
CR2E034 (12/06)	
4. FEI Number <b>59-3484168</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
<b>SHADDIX, STEVEN L 2410 SE 29TH ST OCALA, FL 34471</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	<b>SHADDIX, STEVEN L</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>1275 BEVILLE ROAD</b>	
City	<b>DAYTONA BEACH</b>
FL	Zip Code <b>32119</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHADDIX, WILLIAM O II</b>
STREET ADDRESS	<b>1 DEER MOSS TRAIL</b>
CITY-ST-ZIP	<b>ORMOND BEACH, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GORDON, SHARON S</b>
STREET ADDRESS	<b>7611 TIMBERLY COURT</b>
CITY-ST-ZIP	<b>MCLEAN, VA</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>FOX, SHARLENE S</b>
STREET ADDRESS	<b>686 FERNCLIFF DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL 32127</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHADDIX, MADELINE E</b>
STREET ADDRESS	<b>6 HOMAN TERRACE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>SHADDIX, STANLEY W</b>
STREET ADDRESS	<b>2130 OLD DAYTONA ROAD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>SHADDIX, STEVEN L</b>
STREET ADDRESS	<b>2410 SE 29TH STREET</b>
CITY-ST-ZIP	<b>OCALA, FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WONTENAY, DIANNE N</b>
STREET ADDRESS	<b>398 CHINOOK CIRCLE</b>
CITY-ST-ZIP	<b>LAKE MARY, FL</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, SHARLENE S</b>
STREET ADDRESS	<b>686 FERNCLIFF DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL 32127</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHADDIX, WM. STANLEY</b>
STREET ADDRESS	<b>2130 OLD DAYTONA ROAD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHADDIX, STEVEN L</b>
STREET ADDRESS	<b>12888 S. E. HWY 441</b>
CITY-ST-ZIP	<b>BELLEVIEW, FL 34420</b>

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: *Dianne Wontenay* **Dianne N. Wontenay, Treas.** 4/10/07 386-767-8521  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #