


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90026 004 ***150.00

DOCUMENT # P97000106686	
1. Entity Name SHADDIX HOLDING COMPANY	

Principal Place of Business 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119	Mailing Address 1275 BEVILLE ROAD DAYTONA BEACH, FL 32119
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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	Zip	Country



01192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3484168		Applied For <input 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 SHADDIX, STEVEN L 2410 SE 29TH ST OCALA, FL 34471		7. Name and Address of New Registered Agent Name SHADDIX, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1275 BEVILLE ROAD City DAYTONA BEACH FL Zip Code 32119	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADDIX, WILLIAM O II 1 DEER MOSS TRAIL ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WONTENAY, DIANNE N 398 CHINOOK CIRCLE LAKE MARY, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, SHARON S 7611 TIMBERLY COURT MCLEAN, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOX, SHARLENE S 686 FERNCLIFF DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOX, SHARLENE S 686 FERNCLIFF DRIVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHADDIX, MADELINE E 6 HOMAN TERRACE DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHADDIX, STANLEY W 2130 OLD DAYTONA ROAD DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHADDIX, WM. STANLEY 2130 OLD DAYTONA ROAD DAYTONA BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHADDIX, STEVEN L 2410 SE 29TH STREET OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHADDIX, STEVEN L 12888 S. E. HWY 441 BELLEVIEW, FL 34420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 #