

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010630

FILED  
Feb 17, 2008  
Secretary of State

Entity Name: SHADDAI ACTION CENTER, INC.

## Current Principal Place of Business:

1350 S. JOHN YOUNG PKY  
D  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

2473 HURON CIRCLE  
KISSIMMEE, FL 34746

## New Mailing Address:

FEI Number: 26-1397895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLOMA, ILEANA  
2714 EAGLE GLEN CIRCLE  
KISSIMMEE, FL 34746 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ABUCHAR, LILIAN ROSY  
Address: 2473 HURON CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete  
Name: ALVAREZ, BENIGNO  
Address: 2744 EAGLE CANYON DR. S.  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: SICAL, HEIDY P  
Address: 2730 AMANDA KAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: RODRIGUEZ, MARTHA  
Address: 2473 HURON CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

## 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIAN ROSY ABUCHAR

P

02/17/2008

Electronic Signature of Signing Officer or Director

Date