

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # F95000005255

1. Entity Name
SHANDA HOLDINGS, INC.



Principal Place of Business

**50 SEAGATE DRIVE
302
NAPLES, FL 34103**

Mailing Address

**26 APPALOOSA TRAIL
CARLISLE, ONTARIO, 10r-1h3**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number

98-0152519

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANIER, SUZANNE D ESQ
399 9TH ST. NORTH
SUITE 300
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HASTINGS, JOHN
STREET ADDRESS	26 APPALOOSA TRAIL
CITY-ST-ZIP	CARLISLE, CANADA, ON 10r 1h3
TITLE	S
NAME	HASTINGS, SHIRLEY
STREET ADDRESS	26 APPALOOSA TRAIL
CITY-ST-ZIP	CARLISLE, CANADA, ON 10r 1h3
TITLE	D
NAME	DUNCAN, LINDA
STREET ADDRESS	21 DONALD SIM AVE
CITY-ST-ZIP	MARKHAM, ONTARIO, CA 16b 1b6
TITLE	D
NAME	FOLLOWS, SHAWN
STREET ADDRESS	342 MILLGROVE RD
CITY-ST-ZIP	MILLGROVE, ONTARIO, CA 10r 1v0
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

JOHN HASTINGS

March 28, 2008

(905) 690-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #