

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005255

Entity Name: SHANDA HOLDINGS, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

50 SEAGATE DRIVE
302
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

26 APPALOOSA TRAIL
CARLISLE, ONTARIO, L0R 1H3

New Mailing Address:

26 APPALOOSA TRAIL
CARLISLE, ONTARIO, CA 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: P (X) Change () Addition
Name: HASTINGS, JOHN
Address: 26 APPALOOSA TRAIL
City-St-Zip: CARLISLE, ONTARIO, CA L0R 1H3

Title: S (X) Change () Addition
Name: HASTINGS, SHIRLEY
Address: 26 APPALOOSA TRAIL
City-St-Zip: CARLISLE, ONTARIO, CA L0R 1H3

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

Title: D (X) Change () Addition
Name: FOLLOWS, SHAWN
Address: 342 CONCESSION 5 WEST P.O. BOX 207
City-St-Zip: MILLGROVE, ONTARIO, CA L0R 1V0

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

SIGNATURE: JOHN HASTINGS

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date