

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008252

**Entity Name:** SHATTERING DARKNESS INC.

**Current Principal Place of Business:**

180 BROOKESTONE POINT  
FAYETTEVILLE, GA 30215

**Current Mailing Address:**

180 BROOKESTONE POINT  
FAYETTEVILLE, GA 30215

**FEI Number:** 20-1785476

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FREY, JULIA L  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title D  
Name DECKER, CHERYL  
Address 10664 LAKE MINEOLA SHORES  
City-State-Zip: CLERMONT FL 34711

Title D  
Name WALLACE, LINDA  
Address 180 BROOKESTONE PT  
City-State-Zip: FAYETTEVILLE GA 30215

Title S  
Name KORT, NANCY  
Address 12321 WATER OAK DRIVE  
City-State-Zip: FT. WORTH TX 76244

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA D. WALLACE

**DIRECTOR**

**03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date