2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 223993

Entity Name: SHANGRI-LA HOUSE, INC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 428 COLLINS AVENUE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address: 428 COLLINS AVENUE** MIAMI BEACH, FL 33139 FEI Number: 59-6071210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LJ SERVICES GROUP LJ SERVICES GROUP 1045 KANE CONCOURSE 1941 NW 86 AVE PEMBROKE PINES, FL 33024 US SUITE #216 BAY HARBOR ISLANDS, FL 33154 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: LINDA JOHNSON 04/30/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SOBEL, JENNIFER L Name: Name: 428 COLLINS AVE #8 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: Title: () Delete (X) Change () Addition ROGOFF, DEBRORAH ROGOFF, DEBRORAH Name: Name: 428 COLLINS AVE. #6 428 COLLINS AVE. #6 Address: Address: MIAMI BEACH, FL MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete ST BARRY, TIM PLEBAN, RICHARD Name: Name: 428 COLLINS AVE #11 428 COLLINS AVE #04 Address Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change (X) Addition AMARO, GILBERT Name: Name: Address: Address: 428 COLLINS AVE #1 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 Title: Title: () Change (X) Addition () Delete CZUCHNICKI, MIKE Name: Name: Address: Address: 428 COLLINS AVE #15 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33154

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: JENNIFER L SOBEL PD 04/30/2007