


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90035 010 ***150.00

DOCUMENT # 227452	
1. Entity Name SHANGRI-LA LANE, INC.	

Principal Place of Business 14422 SHANGRILA LN. ODESSA, FL 33556	Mailing Address 14422 SHANGRILA LN. ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0998352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOLMES, MARY I
14422 SHANGRILA LN.
ODESSA, FL 33556**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME CLARKE, JOAN
STREET ADDRESS 6547 LAKE IRENE DR	
CITY-ST-ZIP LAND O LAKES, FL 34639	
TITLE V	NAME DAVIGNON, ROBERTA
STREET ADDRESS 14416 SHANGRI LA LANE	
CITY-ST-ZIP ODESSA, FL 33556	
TITLE ST	NAME HOLMES, MARY I
STREET ADDRESS 14422 SHANGILA LANE	
CITY-ST-ZIP ODESSA, FL 33556	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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: Mary I. Holmes Mary I. Holmes 3/15/08 813-920-9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #