


FILED
Apr 14, 2006 8:00 am
Secretary of State

40048306

DOCUMENT # 715313				04-14-2006 90137 022 ****61.25	
1. Entity Name EGYPT SHRINE HOLDING CORPORATION, INC.				40048300	
Principal Place of Business 4050 DANA SHORES DR TAMPA, FL 33634 US		Mailing Address 4050 DANA SHORES DR TAMPA, FL 33634 US			
2. Principal Place of Business		3. Mailing Address		03272006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1236183	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DENNIS MCDERMOTT 6610 N. BLVD. TAMPA, FL 33604				Name Richard D. Fisher	
				Street Address (P.O. Box Number is Not Acceptable)	
				3224 Gardner Oaks Lane	
				City Lakeland	
				FL Zip Code 33810-3554	
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 <i>Richard D. Fisher</i> Richard D Fisher Recorder 3-28-06					
Filing Fee is \$61.25 Due by May 1, 2006					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD ROCHA, JAMES R 519 HUMPHRIES RD. SAFETY HARBOR, FL 346954921		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD COLESTOCK, TOM 1901 DOVE FIELD PLACE BRANDON, FL 335102217		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MCDERMOTT, DENNIS 6610 NORTH BLVD TAMPA, FL 33604		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD DYER, FRANK 17610 SIMMS RD ODESSA, FL 33556		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD EDWARDS, THOMAS M II 12207 GLENCLIFF CIRCLE TAMPA, FL 33626		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD O'DELL, JAMES JR 4842 JUANITA COURT CLEARWATER, FL 337646681		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V/D Robert E. Hewell 8137 Elisabeth Lane Largo, FL 33777-1352		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S/D Richard D. Fisher 3224 Gardner Oaks Lane Lakeland, FL 33810-3554		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V/D Robert W. Goodin 7101 Midland Way Tampa, FL 33625-3240		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P/D O'Dell, James Jr. 4842 Juanita Court Clearwater, FL 33764-6681		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>J.T. Colasade</i> J.T. Colasade					
3/29/06					