

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F06000000630

Entity Name: SHANRI-GLEASON PLACE, INC.

**FILED**  
**May 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

60 BASTION SQUARE  
SUITE 401  
VICTORIA, FL 32314

**New Principal Place of Business:**

**Current Mailing Address:**

#401-60 BASTION SQUARE  
VICTORIA,  
BC, CANADA, BC V8W 1J2 CA

**New Mailing Address:**

FEI Number: 20-4215745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BERLIN, S. AMY  
Address: #401-60 BASTION SQUARE,  
City-St-Zip: VICTORIA, BC, CANADA, BC V8W 1J2 CA

Title: D ( ) Delete  
Name: BERLIN, RICHARD I  
Address: #401-60 BASTION SQUARE,  
City-St-Zip: VICTORIA, BC, CANADA, BC V8W 1J2 CA

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS ( ) Change (X) Addition  
Name: BROWN, III, ALTON R  
Address: 917 WESTERN AMERICAN CIRCLE, #503  
City-St-Zip: MOBILE, AL 36609

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: ALTON R. BROWN, III

VP

05/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date