

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90104 001 \*\*\*150.00

**DOCUMENT # F95000005255**

1. Entity Name  
**SHANDA HOLDINGS, INC.**



Principal Place of Business  
**26 APPALOOSA TRAIL  
CARLISLE, ON LOR**

Mailing Address  
**26 APPALOOSA TRAIL  
CARLISLE, ON LOR**

**40047800**



2. Principal Place of Business - No P.O. Box #  
**50 Seagate Drive**  
Suite, Apt. #, etc. **302**

3. Mailing Address  
**26 Appaloosa Trail**  
Suite, Apt. #, etc. **---**

**03212007 Chg-P CR2E034 (12/06)**

City & State  
**Naples, Florida**  
Zip **34103** Country **U.S.A.**

City & State  
**Carlisle, Ontario**  
Zip **LOR 1H3** Country **Canada**

4. FEI Number **98-0152519** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LANIER, SUZANNE D ESQ  
399 9TH ST. NORTH  
SUITE 300  
NAPLES, FL 34102**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 re-issuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>P</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>HASTINGS, JOHN</b>                 |                                 |
| STREET ADDRESS | <b>26 APPALOOSA TRAIL</b>             |                                 |
| CITY-ST-ZIP    | <b>CARLISLE, CANADA, ON l0r 1h3</b>   |                                 |
| TITLE          | <b>S</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>HASTINGS, SHIRLEY</b>              |                                 |
| STREET ADDRESS | <b>26 APPALOOSA TRAIL</b>             |                                 |
| CITY-ST-ZIP    | <b>CARLISLE, CANADA, ON l0r 1h3</b>   |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>DUNCAN, LINDA</b>                  |                                 |
| STREET ADDRESS | <b>21 DONALD SIM AVE</b>              |                                 |
| CITY-ST-ZIP    | <b>MARKHAM, ONTARIO, CA l6b 1b6</b>   |                                 |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME           | <b>FOLLOWS, SHAWN</b>                 |                                 |
| STREET ADDRESS | <b>342 MILLGROVE RD</b>               |                                 |
| CITY-ST-ZIP    | <b>MILLGROVE, ONTARIO, CA l0r 1v0</b> |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

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: **JOHN HASTINGS** **MAR 23/07** **(905) 690-7113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #