

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# L02806

Entity Name: SHINKAGE, INC.

**Current Principal Place of Business:**

C/O GLENN LILLIBRIDGE  
5775 FAIRBANKS FERRY RD  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GLENN LILLIBRIDGE  
5775 FAIRBANKS FERRY RD  
HAVANA, FL 32333

**New Mailing Address:**

FEI Number: 59-2964317      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LILLIBRIDGE, GLENN  
5775 FAIRBANKS FERRY RD  
HAVANA, FL 32333 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: LILLIBRIDGE, GLENN  
Address: ST ROAD 12  
City-St-Zip: HAVANNA, FL 32333

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

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

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: GLENN LILLIBRIDGE

PS

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date