



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L06857 1. Entity Name SHINING STAR PRODUCTIONS, INC.				
Principal Place of Business 457 MOORING LINE DRIVE NAPLES, FL 34102 US		Mailing Address 457 MOORING LINE DRIVE NAPLES, FL 34102 US		
DO NOT WRITE IN THIS SPACE				
				 04162004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0171350		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCKEE, WENDY J. 457 MOORING LINE DRIVE NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	D			
NAME	MCKEE, WENDY J			
STREET ADDRESS	457 MOORING LINE DRIVE			
CITY - ST - ZIP	NAPLES, , 34102			
TITLE	D			
NAME	RICHARD G MCKEE JR			
STREET ADDRESS	457 MOORING LINE DRIVE			
CITY - ST - ZIP	NAPLES, FL 34102			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Wendy McKee</i>		Date: <i>4/23/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		