

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82314

Entity Name: SHADOW LAKE GROVES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2400 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 349944590 US

New Principal Place of Business:

Current Mailing Address:

1729 H STREET NORTHWEST
WASHINGTON, DC 20006 US

New Mailing Address:

FEI Number: 65-0050724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIPLINGER, AUSTIN H
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: VD () Delete
Name: KIPLINGER, TODD L
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: BRODERICK, STEPHEN J
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: VD () Delete
Name: KIPLINGER, KNIGHT A
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: DT () Delete
Name: WILKES, CORBIN M
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

Title: AS (X) Delete
Name: WARD, KISHA N
Address: 1729 H STREET NW
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change () Addition
Name: WARD, KISHA N
Address: 1729 H STREET NORTHWEST
City-St-Zip: WASHINGTON, DC 20006

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

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

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

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: KISHA N WARD

MS

04/29/2009

Electronic Signature of Signing Officer or Director

Date