## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

DOCUMENT # N0000001909  1. Entity Name THE SHADOW RUN DAM CORPORATION, INC.				Secretary of S	
Principal Plac PO BOX 894 RIVERVIEW, I	the standard of P	ailing Address 10 BÓX 894 IVERVIEW, FL 33568			PRIII RAIII ARIII ARIRI KAR IRHI RDIID (RINRI RI JEDI
DO NOT WRITE IN THIS SPA			CE	04152007 No Chg-Nf 4. FEI Number 59-3688447 5. Certificate of Status Dec	Applied For Not Applicable
6. Name and Address of Current Registered Agent  MCDERMOTT, MiCHAEL J 791 WEST LUMSDEN ROAD  BRANDON, FL 33511  8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.			DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature. typed or printed name of registered agent and title if applicable (NOTE. Registered  Filling Fee is \$61.25  Due by May 1, 2007  Signature. typed or printed name of registered agent and title if applicable (NOTE. Registered  9. Election Campaign Finan  Trust Fund Contribution.			d Agent signature required , , , , , , , , , , , , , , , , , , ,	when reinstating)  00 May Be ed to Fees	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD DEVELDER, DAVID 11312 DONNEYMOOR DRIVE RIVERVIEW, FL 33569 D SIMMONS, WAYNE W 11311 LEPRECHAUN DR RIVERVIEW, FL 33569 TD CUTLER, RICHARD S 11210 DONNEYMOOR DR RIVERVIEW, FL 33569	CTORS		DO NOT	WRITE
ISSE DS NAME MCKINLEY, MEL STREET ADDRESS 13015 SHADOW RUN BLVD. CITY-ST-ZIP RIVERVIEW, FL 33569			IN THIS SPACE		

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 617, 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:

BEHRENS, THOMAS C

11206 MIST MOOR CT

RIVERVIEW, FL 33569

TITLE NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

BIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER ON DIRECTOR

4/15/07 (813)760-9484

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05/17/07-80055-021 70.00