2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # N0000001909 1. Entity Name THE SHADOW RUN DAM CORPORATION, INC.							8 90031 009	****6	51.25
PO BOX 894 PO I		Meiling Address PO BOX 894 RIVERVIEW, FL	. .				ANT ARAN ARAN NAMA MEN		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062008	Chg-NP	CR2E037 (1:	2/06)	
City & State		City & State		4. FEI Number 59-36884	147			plied For t Applicable	
Zip	Country	Zip	Cot	intry	5. Certificate of	Status Desired	□ \$8.7 Fee F	75 Add Required	litional
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New I	Registered Agent	_	
	OTT, MICHAEL J LUMSDEN ROAD			Name Street Addres	ss (P.O. Box Number i	s Not Acceptable	le)		
	I, FL 33511						····		
				City		· · · · · · · · · · · · · · · · · · ·	FL Z	Zip Code)
	named entity submits this statement fo ions of registered agent.	r the purpose of chan	ging its register	ed office or regis	stered agent, or both,	in the State of F	lorida. I am famili	ar with,	and accept
	••								
SIGNATURE .	Signature, typed or printed name of registered agent.				,			 	
		and the ir approarse.	(NOTE: Registere	d Agent signature requ	uired when reinstating)		DATE		
	Filing Fee is \$61.25	9. Elect	tion Campaign F	inancing			Make check pay		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Elect	· · · · · ·	inancing	\$5.00 May Be Added to Fees	Flo	Make check pay rida Departmen	nt of St	ate
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Thereby certify that the information supplied with this filling 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 cath; 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, withfall other like empowered.

SIGNATURE: _

760-9484