2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011801

Title:

Name:

Address: City-St-Zip:

Entity Name: SHIN FOUNDATION, INC.

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5201 S WESTSHORE BLVD TAMPA, FL 33611 **Current Mailing Address: New Mailing Address:** 5201 S WESTSHORE BLVD TAMPA, FL 33611 FEI Number: 20-4924958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHIN, SUE 5201 S WESTSHORE BLVD TAMPA, FL 33611 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHIN, DAE Name: Name: Address: 5201 S WESTSHORE BLVD Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHIN, JANE Name: Address: 5201 S WESTSHORE BLVD Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: () Change () Addition KRUEGER, KEVIN B Name: Name: Address: 2111 N 15TH STREET Address: City-St-Zip: TAMPA, FL 336053647 City-St-Zip: () Delete Title: Title: () Change () Addition SHIN, SUE Name: Name: 5201 S WESTSHORE BLVD Address: Address: City-St-Zip: TAMPA, FL 33611 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUE SHIN D 07/09/2007

() Delete

5201 S WESTSHORE BLVD

SHIN, KIM

TAMPA, FL 33611

() Change () Addition