

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000484

FILED
Jan 23, 2007
Secretary of State

Entity Name: SHINE GIRL, INC.

Current Principal Place of Business:

10302 DEERWOOD PK BLVD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10302 DEERWOOD PK BLVD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 05-0631777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSSELLS, CONNIE A
10302 DEERWOOD PK BLVD
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: TV () Delete
Name: WEEMS, CHARLES S IV
Address: 11729 EXMOOR CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: TP () Delete
Name: WEEMS, KERRI
Address: 11729 EXMOOR CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST () Delete
Name: MUSSELLS, CONNIE A
Address: 2375 COVINGTON CREEK CIR E
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Delete
Name: STINE, TARYN
Address: 877 W AMERICAN EAGLE DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: PRICE, JAMES
Address: 8820 CHAMBORE DR
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CONNIE A. MUSSELLS

DST

01/23/2007

Electronic Signature of Signing Officer or Director

Date