2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N06000009388

Entity Name: SHINE PERFORMING & CREATIVE ARTS TRAINING CENTER INC

Current Principal Place of Business:

2751 LAKE STANLEY RD.
ORLANDO, FL 32818 US

New Principal Place of Business:

111 LAUREL REIDGE
OCOEE, FL 34761 US

Current Mailing Address:

P.O. BOX 683465
ORLANDO, FL 32868 US

New Mailing Address:

FEI Number: 51-0595648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBROUGH, MICHAEL E
111 LAUREL RIDGE AVE.
OCOEE, FL 34761 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: P ( ) Delete
Name: KIMBROUGH, MICHAEL E
Address: 111 LAUREL RIDGE AVE.
City-St-Zip: OCOEE, FL 34761 US

Title: VP ( ) Delete
Name: EMMANUEL, YOLANDA
Address: 7043 KENSINGTON HIGH BLVD.
City-St-Zip: ORLANDO, FL 32818 US

Title: T ( ) Delete
Name: WHAPLES, JIM
Address: 5621 BROOKLINE DR.
City-St-Zip: ORLANDO, FL 32819 US

Title: D ( ) Delete
Name: CALLOWAY, IRA
Address: 306 WESTON WOOD BLVD.
City-St-Zip: ORALNDO, FL 32818 US

Title: D ( ) Delete
Name: MCCOULLGH, ALEX
Address: 8559 SNOWFIRE DR.
City-St-Zip: ORLANDO, FL 32818 US

Title: D (X) Delete
Name: WHAPLES, TERRY
Address: 5621 BROOKLINE DR.
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: PATTI, PETERSEN
Address: 8213 SANDPOINT BLVD.
City-St-Zip: ORLANDO, FL 32819 US

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

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

Title: D (X) Change ( ) Addition
Name: WHAPLES, TERRY
Address: 5621 BROOKLINE DR.
City-St-Zip: ORLANDO, FL 32819

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KIMBROUGH P 04/26/2007

Electronic Signature of Signing Officer or Director — Date