2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010630

Entity Name: SHADDAI ACTION CENTER, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal	Place of Business:
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1350 S. JOHN YOUNG PKY

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

2473 HURON CIRCLE 1350 S. JOHN YOUNG PKY
KISSIMMEE, FL 34746 D
KISSIMMEE, FL 34741

FEI Number: 26-1397895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLOMA, ILEANA 2714 EAGLE GLEN CIRCLE KISSIMMEE, FL 34746 US

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:

Floatronia Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: P () Delete Title: P (X) Ch
Name: ABUCHAR, LILIAN ROSY Name: COLOMA, MELVIN

 Address:
 2473 HURON CIRCLE
 Address:
 2714 EAGLE GLEN CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: VP () Delete Title: () Change () Addition

 Name:
 ALVAREZ, BENIGNO
 Name:

 Address:
 2744 EAGLE CANYON DR. S.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:

 Name:
 SICAL, HEIDY P
 Name:
 COLOMA, ILEANA

 Address:
 2730 AMANDA KAY WAY
 Address:
 2714 EAGLE GLEN CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: S () Delete Title: S (X) Change () Addition

 Name:
 RODRIGUEZ, MARTHA
 Name:
 RODRIGUEZ, MARTHA

 Address:
 2473 HURON CIRCLE
 Address:
 2714 EAGLE GLEN CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

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: MELVIN COLOMA P 04/15/2009