

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006706

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SHIHAN SCHOOL OF SURVIVAL INC.

**Current Principal Place of Business:**

211 SOUTH PROSPECT AVENUE  
SUITE 705  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

211 SOUTH PROSPECT AVENUE  
SUITE 705  
CLEARWATER, FL 33756

**New Mailing Address:**

PO BOX 213  
CLEARWATER, FL 33757

**FEI Number:** 26-2760509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, WALTER  
211 SOUTH PROSPECT AVENUE  
SUITE 705  
CLEARWATER, FL 33756 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  
**Name:** EVANS, SHIHAN  
**Address:** 211 SOUTH PROSPECT AVENUE  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** BM  
**Name:** HINSON, JAI  
**Address:** 1606 N HIGHLAND AVENUE  
**City-St-Zip:** CLEARWATER, FL 33755

I hereby 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 all other like empowered.

**SIGNATURE:** WALTER EVANS

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date