2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007915

City-St-Zip:

MIAMI, FL 33138 US

Secretary of State

Entity Name: SHINE EDUCATIONAL SERVICES INC.

Current Principal Place of Business: New Principal Place of Business: 4319 BAMBOO DRIVE 8120 BAUTISTA WAY PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33418 **Current Mailing Address: New Mailing Address:** 4319 BAMBOO DRIVE 8120 BAUTISTA WAY PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33410 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DANIEL, HARRY M DANIEL, HARRY M 4319 BÁMBOO DRIVE 8120 BAUTISTA WAY PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33418 US 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: 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DANIEL, HARRY M Name: Name: Address: 4319 BAMBOO DRIVE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 US City-St-Zip: Title: () Delete Title: () Change () Addition COTHIERE, DANIELLE Name: Name: Address: 18811 NW 42ND AVENUE Address: City-St-Zip: MIAMI GARDENS, FL 33027 US City-St-Zip: Title: () Delete Title: () Change () Addition DARANG, GERARD Name: Name: 15236 SW 54TH STREET Address: Address: City-St-Zip: MIRAMAR, FL 33027 US City-St-Zip: Title: () Delete Title: () Change () Addition ARISTIDE, LINDA Name: Name: 7801NE 4TH COURT, UNIT 101 Address: Address:

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.

City-St-Zip:

SIGNATURE: HARRY DANIEL D 04/28/2009

Apr 28, 2009