2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009322

Apr 29, 2011 Secretary of State

Entity Name: THE SHADO FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 S UNIVERSITY DRIVE, SUITE #206 DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

4801 S UNIVERSITY DRIVE, SUITE #206 DAVIE, FL 33328

FEI Number: 37-1610540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BRAMWELL, CARRON 4801 S UNIVERSITY DRIVE, SUITE #206 DAVIE, FL 33328 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BRAMWELL, CARRON

Address: 4801 S UNIVERSITY DRIVE, SUITE #206

City-St-Zip: DAVIE, FL 33328

Title: S

Name: HIGGIN BRAMWELL, GRACE

Address: 4801 S UNIVERSITY DRIVE, SUITE #206

City-St-Zip: DAVIE, FL 33328

Title: D

Name: BRAMWELL SR., WINSTON Address: 19710 NW 9TH DRIVE City-St-Zip: PEMBROKE PINES, FL

Title:

Name: WRIGHTS, SONIA

Address: INVERRARY DRIVE, APT 21 City-St-Zip: LAUDERHILL, FL 33319

Title: \

Name: ROACHE, SANDRA

Address: 4801 S. UNIVERSITY DRIVE, SUITE #206

City-St-Zip: DAVIE, FL 33328

Title:

Name: BRAMWELL, WINSTON

Address: 4801 S UNIVERSITY DRIVE, SUITE #206

City-St-Zip: DAVIE, FL 33328

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: GRACE HIGGIN- BRAMWELL S 04/29/2011