


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90183 048 ****61.25

DOCUMENT # N41693	
1. Entity Name SHINING STAR, INC.	

Principal Place of Business PUBLIC SAFETY BUILDING 2601 W. BROWARD BLVD. FT LAUDERDALE, FL 33312 US	Mailing Address PO BOX 1477 FT LAUDERDALE, FL 33302 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0260947	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GIUFFREDA, RICHARD PURDY, JOLLY & GIUFFREDA, PA 1322 SE THIRD AVE. FT. LAUDERDALE, FL 33316	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P HARRISON, DENISE
STREET ADDRESS	5465 NW 41 TERR
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	<input type="checkbox"/> Delete
NAME	S BARNES, ALAN
STREET ADDRESS	6720 NW 27 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307
TITLE	<input type="checkbox"/> Delete
NAME	D ALOI, SABASTIAN
STREET ADDRESS	5520 SW 43.TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	<input type="checkbox"/> Delete
NAME	D KANAS, ROSALYN
STREET ADDRESS	2305 LUCAYA LANE UNIT J-4
CITY-ST-ZIP	POMPANO BEACH, FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	D BARNES, ALAN
STREET ADDRESS	6720 NW 27 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	T MONIZ, KATHERINE
STREET ADDRESS	11760 NW 30 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Katherine Moniz
STREET ADDRESS	11760 NW 30 ST
CITY-ST-ZIP	Coral Springs FL 33065
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer Cheryl Grabowski
STREET ADDRESS	3335 Pine Walk Dr N #210
CITY-ST-ZIP	Margate FL 33063

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Cheryl Grabowski* **4/30/08** **954-767-8740**