

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 29, 2008**  
**Secretary of State**

DOCUMENT# N42268

**Entity Name:** SHADY HILLS RAIDERS, INCORPORATED**Current Principal Place of Business:**15480 GREENGLEN LN  
SPRING HILL, FL 34610 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 11370  
SHADY HILLS, FL 34610 US**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CLARK, KRISTI  
18051 ALT ST  
SPRING HILL, FL 34610 US**Name and Address of New Registered Agent:**OLEY, MILDRED D  
14600 IVY CHASE LN  
APT 4  
HUDSON, FL 34667 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: MILDRED D. OLEY

05/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: STEWART, RHONDA  
Address: 18816 ALEXSON ST  
City-St-Zip: SPRING HILL, FL 34610Title: AD ( ) Delete  
Name: NAVARRO, TAMMI  
Address: 6587 TREEHAVEN DR  
City-St-Zip: BROOKSVILLE, FL 34602Title: T ( ) Delete  
Name: CLARK, KRISTI  
Address: 18051 ALT ST  
City-St-Zip: SPRING HILL, FL 34610Title: S ( ) Delete  
Name: SMITH, BOBBY  
Address: 11421 GROVEWOOD BLVD  
City-St-Zip: LAND O LAKES, FL 34638Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DIR (X) Change ( ) Addition  
Name: HINK, KENNY  
Address: 18203 GREENSBORO ST  
City-St-Zip: SPRING HILL, FL 34610Title: ATHD (X) Change ( ) Addition  
Name: OLEY, KRISTOPHER J  
Address: 16034 TULIP TREE DR  
City-St-Zip: SPRING HILL, FL 34610Title: CHRC (X) Change ( ) Addition  
Name: WILLIAMS, KELLY  
Address: 10834 STAMFORD DR  
City-St-Zip: PORT RICHEY, FL 34668Title: TPCF (X) Change ( ) Addition  
Name: OLEY, MILDRED D  
Address: 14600 IVY CHASE LN APT 4  
City-St-Zip: HUDSON, FL 34667Title: TPCC ( ) Change (X) Addition  
Name: SANDERSON, MELLISSA  
Address: 182 HUSEK ST  
City-St-Zip: BROOKSVILLE, FL 34604

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: MILDRED D. OLEY

TPCF

05/29/2008

Electronic Signature of Signing Officer or Director

Date