2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P00000022974** 04-30-2007 90854 037 ***150 00 1. Entity Name SHINING THROUGH, INC. 40023000 Principal Place of Business Mailing Address **426 EAST ATLANTIC AVENUE** 85 SE 4TH AVE DELRAY BEACH, FL 33483 #104 DELRAY BEACH, FL 33483 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1012828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DIAZ-RITTER, CARLOS DO NOT WRITE 426 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RITTER, CARLOS D NAME STREET ADORESS 426 E ATLANTIC AVE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 empowers to execute this report as required by Chapter 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED