2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P01000044327

Entity Name: SHANGRILA VENTURES, INC.

Current Principal Place of Business:

3601 NW 10TH AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3601 NW 10TH AVENUE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1098018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CONE, WILLIAM E
6555 SHANGRILA LN
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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: WILLIAM E CONE
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONE, WILLIAM E
Address: 6555 SHANGRILA LANE
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: CONE, LAURA LYNN
Address: 6555 SHANGRILA LANE
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: CONE, WESLEY O
Address: 6933 NW SIXTH COURT
City-St-Zip: MARGATE, FL 33063

Title: AVP ( ) Delete
Name: WILLIAMS, LARRY
Address: 3601 NW 10TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: AVP (X) Delete
Name: DOWNEY, STEVE
Address: 3601 NW 10TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change ( ) Addition
Name: DOWNEY, STEVE
Address: 3601 NW 10TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LYNN CONE VP 01/13/2009
Electronic Signature of Signing Officer or Director — Date