2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 07, 2005 08:00 AM DOCUMENT # P01000044858 1. Entity Name **Secretary of State** THE SHENSTONE GROUP, INC. Mailing Address Principal Place of Business 10146 FRESH MEADOW LN BOCA RATON FL 33498 10146 FRESH MEADOW LN **BOCA RATON FL 33498** 2. Principal Place of Business __ 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1096866 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RATTRAY, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 10146 FRESH MEADOW LANE **BOCA RATON FL 33498** Zip Code FI 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 little it applicable DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD TITLE Change Addition ☐ Delete RATTRAY, KATYA T NAME NAME U00000253233 03/07/05-80026-011 150.00 10146 FRESH MEADOW LN STREET ADORESS STREET ADDRESS CITY-ST-ZIP BOCA RATON_FL 33498 CITY-ST-ZIF VSTD ☐ Change ☐ Addition ☐ Delete TITLE RATTRAY, KENNETH C NAME STREET ADDRESS 10146 FRESH MEADWO LN STREET ADDRESS CUTY ST- 7IP **BOCA RATON FL 33498** CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(f), 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954, 232, 7346