

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054094

FILED
Apr 16, 2008
Secretary of State

Entity Name: SHADOWS IN DARKNESS INC.

Current Principal Place of Business:

3730 COCONUT CREEK PARKWAY
SUITE 180
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

3730 COCONUT CREEK PARKWAY
SUITE 180
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 04-3689352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, RICHARD E
7500 PINEWALK DRIVE SOUTH
MARGATE, FL 33063 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DANIELS, RICHARD E
Address: 7500 PINEWALK DRIVE SOUTH
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: SCHREIBER, NICHOLAS J
Address: 575 LAKEVIEW DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: BROWNE, DEVON G
Address: 1610 LEE STREET APT. 10
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: FALK, HUGH
Address: 15971 SW 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: MASON, CHARLES E
Address: 3100 NE 48TH CT #110
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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

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: RICHARD E DANIELS

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date