2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000054094

Entity Name: SHADOWS IN DARKNESS INC.

FILED Oct 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3730 COCONUT CREEK PARKWAY SUITE 180 COCONUT CREEK, FL 33066 **New Mailing Address: Current Mailing Address:** 3730 COCONUT CREEK PARKWAY SUITE 180 COCONUT CREEK, FL 33066 FEI Number: 04-3689352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIELS, RICHARD E 7500 PINÉWALK DRIVE SOUTH MARGATE, FL 33063 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DANIELS, RICHARD E DANIELS, RICHARD E Name: Name: 7500 PINEWALK DRIVE SOUTH 7500 PINEWALK DRIVE SOUTH Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 US Title: Title: () Delete (X) Change () Addition Name: SCHREIBER, NICHOLAS J Name: SCHREIBER, NICHOLAS J 575 LAKEVIEW DRIVE 103 CROSSWINDS DRIVE Address: Address: CORAL SPRINGS, FL 33071 GREENACRES, FL 33413 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: BROWNE, DEVON G BROWNE, DEVON G Name: Name: 1610 LEE STREET APT. 10 6901 CYPRESS RD. A17 Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: (X) Change () Addition FALK, HUGH FALK, HUGH Name: Name: Address: 15971 SW 16TH ST Address: 15971 SW 16TH ST City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 Title: Title: (X) Change () Addition () Delete Name: MASON, CHARLES E Name: MASON, CHARLES E

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.

Address:

City-St-Zip:

3100 NE 48TH CT #110

LIGHTHOUSE POINT, FL 33064

SIGNATURE: RICHARD E. DANIELS D 10/17/2008

3100 NE 48TH CT #110

LIGHTHOUSE POINT, FL 33064

Address: City-St-Zip: