


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000072675		
1. Entity Name SHANGLY CORP.		
Principal Place of Business 417 E. SHERIDAN STREET PMB #129 DANIA BEACH, FL 33004		Mailing Address 417 E. SHERIDAN STREET PMB #129 DANIA BEACH, FL 33004
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEL VALLE, MILLY 417 E. SHERIDAN ST., #129 DANIA BEACH, FL 33004		DO NOT WRITE IN THIS SPACE
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, STEPHEN 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DELL VALLE, MILLY 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Milly Dell Valle MILLY DEL VALLE</u> 3/1/06 9549277185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0838140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	