

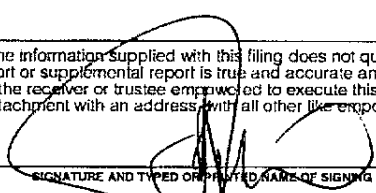


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000100895			
1. Entity Name SHADENET, INC.			
Principal Place of Business 806 ANASTASIA BLVD. SAINT AUGUSTINE, FL 32080		Mailing Address 806 ANASTASIA BLVD. SAINT AUGUSTINE, FL 32080	
DO NOT WRITE IN THIS SPACE			
		 01072005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 56-2294045	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESSER, LAHNEN & EDELMAN 6622 SOUTH POINT DRIVE SUITE 495 JACKSONVILLE, FL 33221-6		DO NOT WRITE IN THIS SPACE	
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 _____ <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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000206110 01/31/05-80071-022 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAN RENSBURG, ANDRIES J 806 ANASTASIA BOULEVARD SAINT AUGUSTINE, FL 32080		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date _____ Daytime Phone # _____	