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Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 035 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048605

1. Entity Name
SHAYO CORPORATION INC.

40127104

Principal Place of Business	Mailing Address
13500 TAMIAMI TRAILN UNIT 10 NAPLES, FL 34110 US	13500 TAMIAMI TRAILN UNIT 10 NAPLES, FL 34110 US

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

07192007 Chg-P CR2E034 (12/06)

4. FEI Number: 51-0463902 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, RODERICK D
2419 EAST MALL DRIVE
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City FL Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	SHETH, BHAVESH	
STREET ADDRESS	13500 TAMIAMI TRAIL N, UNIT 10	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	VP	☐ Delete
NAME	SHETH, HARISH	
STREET ADDRESS	13500 TAMIAMI TRAIL N, UNIT 10	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X B.J. Sheth (BHAVESH J SHETH) July 23 07 239-513-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR