

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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|---|--------------------------------------|---------------------------|--|---|----------|
| DOCUMENT # P03000049266 | | | | | |
| 1. Entity Name SHANTHALORPH MANAGEMENT AND INVESTMENT GROUP, INC. | | | | | |
| Principal Place of Business 2263 RIDGEWOOD CIRCLE ROYAL PALM BEACH FL 33411 | | | Mailing Address 2263 RIDGEWOOD CIRCLE ROYAL PALM BEACH FL 33411 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 55-0830138 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E034 (10/04) | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSTD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PATTERSON, VERON L | | NAME | 300053933993 | |
| STREET ADDRESS | 2263 RIDGEWOOD CIRCLE | | STREET ADDRESS | 05/06/05--01008--018 **150.00 | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PATTERSON, SHAUN S | | NAME | | |
| STREET ADDRESS | 2263 RIDGEWOOD CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Veron L. Patterson</i> | | | Date: 4/12/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |