

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000091194

Entity Name: SHADY LANE, INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

2560 SHADY LANE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2560 SHADY LANE
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-0170603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHIM, STANLEY
2560 SHADY LANE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ABRAHIM, STANLEY
Address: 2560 SHADY LANE
City-St-Zip: ORANGE CITY, FL 32763

Title: V () Delete
Name: ABRAHIM, ISHMAEL
Address: 2560 SHADY LANE
City-St-Zip: ORANGE CITY, FL 32763

Title: S () Delete
Name: ABRAHIM, JENNIFER
Address: 2560 SHADY LANE
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: STANLEY ABRAHIM

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date