
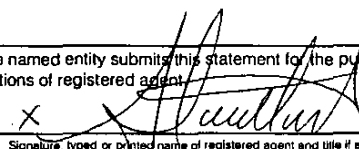
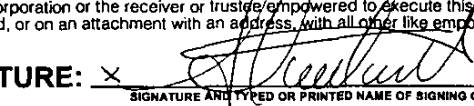


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 031 ***150.00

40030370

DOCUMENT # P03000141408 1. Entity Name SHINY APPLE INC.			
Principal Place of Business 5361 HAWKS LANDING DR #101 FORT MYERS, FL 33907		Mailing Address 5361 HAWKS LANDING DR #101 FORT MYERS, FL 33907	
2. Principal Place of Business 1703 NE 11TH ST Suite, Apt. #, etc.		3. Mailing Address 1703 NE 11TH ST Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33909		Zip 33909	
Country		Country	
4. FEI Number 33-1078096		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 LOPEZ, ALEXANDER 5361 HAWKS LANDING DR APT 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name LOPEZ ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 1703 NE 11TH ST City CAPE CORAL FL Zip Code 33909	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LOPEZ, ALEXANDER STREET ADDRESS 1735 BRANTLEY RD. APT. #2712 CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE P NAME LOPEZ ALEXANDER STREET ADDRESS 1703 NE 11TH ST CITY-ST-ZIP CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME ROLDAN, PAULA M STREET ADDRESS 1735 BRANTLEY RD. APT # 2712 CITY-ST-ZIP FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE TR NAME ROLDAN PAULA M STREET ADDRESS 1703 NE 11TH ST CITY-ST-ZIP CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME HAYS, BRENT A STREET ADDRESS 1039 BOARDLY HILLS BLVD CITY-ST-ZIP SEVIERVILLE, TN 37876	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	