

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90036 028 \*\*\*150.00

<b>DOCUMENT # P04000057285</b>					
<b>1. Entity Name</b> SPARKLING SHINGLES, INC					
<b>Principal Place of Business</b> P.O. BOX 440595 JACKSONVILLE, FL 32222			<b>Mailing Address</b> P.O. BOX 440595 JACKSONVILLE, FL 32222		
<b>2. Principal Place of Business - No P.O. Box #</b> 4571 BANNONS WALK COURT		<b>3. Mailing Address</b> 4571 BANNONS WALK CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> JACKSONVILLE, FL 32258		<b>City &amp; State</b> JACKSONVILLE, FL 32258		<b>4. FEI Number</b> 90-0159360	
<b>Zip</b> 32258		<b>Country</b> USA		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> LITTLETON, L S 6821 CABALLERO COURT JACKSONVILLE, FL 32217	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				<b>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.</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> VARELA, MICHAEL A <b>STREET ADDRESS</b> P.O. BOX 440595 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> DONALD LABELL <b>STREET ADDRESS</b> 4571 BANNONS WALK COURT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> VARELA, ROBIN <b>STREET ADDRESS</b> P.O. BOX 440595 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32222	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> DONALD LABELL <b>STREET ADDRESS</b> 4571 BANNONS WALK CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> x <u>Donald Labelle</u> <u>Donald Labelle</u> <u>2/5/07</u> <u>904-268-5532</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					