2007 FOR PROFIT CORPORATION

ANNUAL REPORT				Apr 27, 2007 08:00 A		
,	MENT # P040000944		Secretary of State			
1. Entity Nan SHAWNA	ne A & DANIELLE INC	-				•
623 ADDISO	ce of Business IN ST E IES, FL 33936	Mailing Address 623 ADDISON STREET E LEHIGH ACRES, FL 33936	· • • • • • • • • • • • • • • • • • • •		: 	1811: 8181: 8188: 1818: 1818: 81
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DO NOT WRITE IN THIS SPA			CE	04272007 4. FEI Numb	per	2E034 (11/05) Applied For
				34-200 5. Certificat	D1832 e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				<u> </u>
REDDIE, CORDEL 623 ADDISON STREET E LEHIGH ACRES, FL 33936			DO NOT WRITE IN THIS SPACE			
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						ATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			seing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS			<u> </u>	
TITLE	P CORDE	,				
NAME STREET ADORESS	REDDIE, CORDEL 623 ADDISON STREET E				U000007363	31n · · ·
CITY-ST-ZIP	LEHIGH ACRES, FL 33936				05/ĬŎŹŎŹ ~8ŎŎ Ĵ	72-001 ISO.00
TALE						
NAME STREET ADDRESS						İ
CITY-ST-ZIP						
TITLE				_		
NAME STORET ANDRESS						
STREET ADDRESS CATY-ST-ZIP				DO	NOT WRI	TE
TITLE		·		INI '	THIS SPAC	`E
NAME exocut adopted				FIL	THIS SPAC	/
STREET ADDRESS CITY-ST-ZIP						
TITLE			- 10 - E4			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE	-	 	1			

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:

When 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 of 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report of the exemptions of the same legal effect as if made under oath, that I am an officer or director of the corporation of the corporation or the receiver of the corporation of the exemptions of the same legal effect as if made under oath, that I am an officer or director of the corporation of the co

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: