2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137985

Entity Name: SHALOME INC.

FILED Sep 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

870 N.W 34 STREET OAKLAND PARK, FL 33309

Current Mailing Address: New Mailing Address:

870 N.W 34 STREET OAKLAND PARK, FL 33309

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

WESTBROOK ACADEMY, INC.
2230 NW 47TH AVENUE
LAUDERHILL, FL 33313 US

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: STACEY W. CHESTNUT 09/15/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OAKLAND PARK, FL 33309

Title: D () Delete Title: P (X) Change () Addition Name: DAVENPORT, LATOYA Name: CHESTNUT, STACEY W

 Address:
 870 N.W 34 STREET
 Address:
 870 N.W 34 STREET

 City-St-Zip:
 OAKLAND PARK, FL 33309
 City-St-Zip:
 OAKLAND PARK, FL 33309

 Title:
 P
 () Delete
 Title:
 V
 (X) Change () Addition

 Name:
 DAVENPORT, S. DENISE
 Name:
 JOHNSON, DONNA W

 Address:
 870 N.W 34 STREET
 Address:
 870 N.W 34 STREET

Title: V () Delete Title: D (X) Change () Addition

City-St-Zip:

 Name:
 SEWELL, MICHELLE
 Name:
 ALEXANDER, ROSE

 Address:
 870 N.W 34 STREET
 Address:
 870 N.W 34 STREET

 City-St-Zip:
 OAKLAND PARK, FL 33309
 City-St-Zip:
 OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STACEY W. CHESTNUT P 09/15/2005