## 2007 FOR PROFIT CORPORATION. ANNUAL REPORT

## FILED Apr 12, 2007 08:00 AM Secretary of State

ANNUAL REPURI				Apr 12, 200 / 00:00			
DOCUMENT # P04000168086  1. Entity Name KEEP SHINING INC.				Secretary of Stat			
Principal Plac 3770 FIELDS #1506 NAPLES, FL	STONE BLVD	Mailing Address 3770 FIELDSTONE BLVD #1506 NAPLES, FL 34109					
DO NOT WRITE IN THIS SPACE				04102007 No Chg-P CR2E034 (11/05)			
	O NOT WINIT		<b>9</b> L	4. FEI Number 65-1237			Applied For Not Applicable
				5. Certificate of	f Status Desired		5 Additional Required
	6. Name and Address of Current Re	gistered Agent					
BAEZA, ISABEL 3770 FIELDSTONE BLVD #1506 NAPLES, FL 34109				INT	NOT W HIS SF	ACE	
8. The above the obligat SIGNATURE	named entity submits this statement for it tions of registered agent.  Sometre, typed or primed name of provisited agent and	au	ed office or registe			orida. I am familia - 10 - 0 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZA, ISABEL 3770 FIELDSTONE BLVD #1506 NAPLES, FL 34109					ທິດດວາກ ທ່າ	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						)00070167 (07±80067	-018 150.CO
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS				IN T	THIS SF	PACE	

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 improvered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 (238-513-0136