



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 040 \*\*\*150.00

<b>DOCUMENT # P05000040952</b> 1. Entity Name <b>R. SHANA DESIGNS, INC.</b>						
Principal Place of Business <b>1115 POINTE NEWPORT TERRACE #205 CASSELBERRY, FL 32707</b>			Mailing Address <b>1115 POINTE NEWPORT TERRACE #205 CASSELBERRY, FL 32707</b>			
2. Principal Place of Business <b>225 S. Swoope Ave.</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Maitland, FL</b> Zip <b>32751</b>		3. Mailing Address <b>225 S. Swoope Ave.</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Maitland, FL</b> Zip <b>32751</b>				
4. FEI Number <b>59-3801709</b>		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent <b>FELMAN, REBECCA 1115 POINTE NEWPORT TERRACE #205 CASSELBERRY, FL 32707</b>			7. Name and Address of New Registered Agent Name <b>Rebecca Felman</b> Street Address (P.O. Box Number is Not Acceptable) <b>225 S. Swoope Ave Suite 110</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</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. SIGNATURE <u><i>Rebecca Felman, Principal</i></u> DATE <b>3-7-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELMAN, REBECCA 1115 POINTE NEWPORT TERRACE CASSELBERRY, FL 32707		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rebecca Felman 7083 Winding Lake Circle Oviedo, FL 32765	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <u><i>Rebecca Felman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-7-06</b> <small>Date</small>		<b>407-362-7739</b> <small>Daytime Phone #</small>	