


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 001 ***150.00

DOCUMENT # <i>P05000043313</i>	
1. Entity Name <i>Shelluminata, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>597 Red Cedar Court NE</i>		3. Mailing Address <i>597 Red Cedar Court NE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>St Petersburg FL</i>		City & State <i>St Petersburg FL</i>	
Zip <i>33703</i>	Country <i>USA</i>	Zip <i>33703</i>	Country <i>USA</i>

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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>56-2506286</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>Spiegel & Utrera, P.A.</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>1840 Coral Way, 4th Floor</i>	
	City <i>FL</i>	Zip Code

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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <i>President</i>	NAME <i>Sue Ann Corrigan</i>	TITLE	NAME
STREET ADDRESS <i>597 Red Cedar Court NE</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>St Petersburg, FL 33703</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Sue Ann Corrigan</i>	Date <i>4/24/06</i>	Daytime Phone <i>7275214015</i>
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CR2E034B (12/02)