## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000153788

Entity Name: V.D.L. SHINES, INC.

FILED Jul 10, 2008 Secretary of State

Littly Na	ille. V.D.L. SH	IIVES, IIVO.				
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
11133 PACIFICA STREET WLLINGTON, FL 33467				11133 PACIFICA STREET WLLINGTON, FL 33449		
Current Mailing Address:			New Mailing A	New Mailing Address:		
11133 PACIFICA STREET WLLINGTON, FL 33467				11133 PACIFICA STREET WLLINGTON, FL 33449		
FEI Number	: 20-3836647	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:		
ROMANO, VALENTINE 11133 PACIFICA STREET WELLINGTON, FL 33467 US			11133 PACIFIC	ROMANO, VALENTINE 11133 PACIFICA STREET WELLINGTON, FL 33449 US		
	e named entity s e of Florida.	submits this statement for the p	purpose of changing its re	gistered office or registered agent, or both,		
SIGNATURE:				07/10/2008		
	Electron	ic Signature of Registered Ag	ent	Date		
Election Ca		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). FORS:	·	HANGES TO OFFICERS AND DIRECTOR	S:	
Title: Name: Address: City-St-Zip:		Delete ENTINE A STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	-	
Title: Name: Address: City-St-Zip:	D () ROMANO, DOM 11133 PACIFIC WELLINGTON,	A STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () ROMANO, LOUI 11133 PACIFIC WELLINGTON,	A STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VALENTINE ROMANO PD 07/10/2008