2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000160084

Entity Name: SHYTREL LUXURIES, INC.

Current Principal Place of Business:

408 SW 2ND CT APT #1
POMPANO BCH, FL 33060

New Principal Place of Business:

408 SW 2ND CT STE #1
POMPANO BCH, FL 33060

Current Mailing Address:

408 SW 2ND CT APT #1
POMPANO BCH, FL 33060

New Mailing Address:

408 SW 2ND CT STE#1
POMPANO BCH, FL 33060

FEI Number: 05-0629773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SIMOLIA
408 SW 2ND CT APT #1
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

SMITH, SIMOLIA
408 SW 2ND CT STE#1
POMPANO BCH, FL 33060 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: SIMOLIA SMITH 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, SIMOLIA
Address: 408 SW 2ND CT APT #1
City-St-Zip: POMPANO BCH, FL 33060

Title: V ( ) Delete
Name: SMITH, HEPHZIBAH
Address: 408 SW 2ND CT APT #1
City-St-Zip: POMPANO BCH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, SIMOLIA
Address: 408 SW 2ND CT STE #1
City-St-Zip: POMPANO BCH, FL 33060

Title: V (X) Change ( ) Addition
Name: SMITH, HEPHZIBAH
Address: 408 SW 2ND CT STE #1
City-St-Zip: POMPANO BCH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMOLIA SMITH PD 04/28/2006
Electronic Signature of Signing Officer or Director Date