
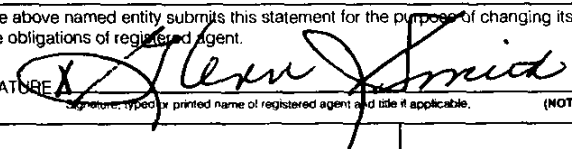
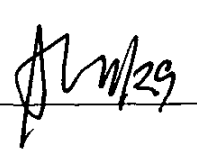


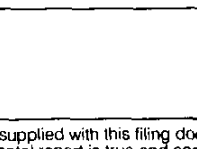
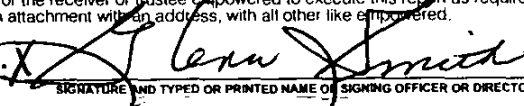


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000044360 1. Entity Name SHAKAZULU SERVICES, INC.					
Principal Place of Business 6721 JESSA RD PANAMA CITY, FL 32404			Mailing Address 6721 JESSA RD PANAMA CITY, FL 32404		
2. Principal Place of Business - No P.O. Box # 1709 Calhoun Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Panama City FL.		City & State		4. FEI Number 20-5822569	
Zip 32405		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUNTREE, LELIA V 521 E. 4TH STREET PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Glenn Smith Street Address (P.O. Box Number is Not Acceptable) 1709 Calhoun Ave. City Panama City FL Zip Code 32405	
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  DATE X NOVEMBER 26, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GLENN 1807 CLAHOUN AVENUE PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glenn Smith 1709 Calhoun Ave Panama City Florida, 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONOUGH, MATTHEW L 521 E 4TH STREET PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen Dion 1709 Calhoun Ave Panama City Florida 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112597832 11/27/07--01016--017 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 entities.					
SIGNATURE 				Date X 11/26/07 X(850) 814-5184	

FILED
07 NOV 27 AM 9:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

