2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096361

Entity Name: SHINING SOL INVESTMENTS, INC.

FILED Aug 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8745 S.W. 144 STREET 721 LYONS RD. UNIT # 15105 PALMETTO BAY, FL 33176 COCONUT CREEK, FL 33063

Current Mailing Address: New Mailing Address:

8745 S.W 144 STREET 721 LYONS ROAD

PALMETTO BAY, FL 33176 15105

COCONUT CREEK, FL 33063

FEI Number: 43-2108716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDOZA, PAMELA

8745 S.W. 144 STREET

PALMETTO BAY, FL 33176 US

MENDOZA, JOSE F
721 LYONS ROAD
15105

COCONUT CREEK, FL 33063 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: JOSE F. MENDOZA 08/13/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MENDOZA, PAMELA Name: MENDOZA, JOSE F

 Address:
 8745 S.W. 144 STREET
 Address:
 721 LYONS RD. UNIT # 15105

 City-St-Zip:
 PALMETTO BAY, FL 33176
 City-St-Zip:
 COCONUT CREEK, FL 33063

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 GREEN, MADELEINE

 Address:
 Address:
 721 LYONS RD. UNIT # 15105

 City-St-Zip:
 City-St-Zip:
 COCONUT CREEK, FL 33063

Title: () Delete Title: S () Change (X) Addition

Name: Name: MALPICA, EGLE

 Name:
 Name:
 WALFICA, EGLE

 Address:
 Address:
 721 LYONS RD UNIT # 15105

 City-St-Zip:
 City-St-Zip:
 COCONUT CREEK, FL 33063

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: MADELEINE GREEN VP 08/13/2007