FILED May 09, 2007 8:00 am Secretary of State 04-16-2007 90052 011 ***150.00

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2007 FOR PROFIT CORPÒRATION ANNUAL REPORT

DOCUMENT # P06000101659 1. Entity Name EAGLE'S SHINE, CORP.						04-10-200	7 90032 011	130.00
Principal Place of Business Mailing Address					1			
2543 NW 53RD ST 2543 NW 53RD ST BOCA RATON, FL 33496 BOCA RATON, FL 33496					.,			
BUCA RATUR	, PL 33450			. ===== Dil# ==	·			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apl. #, etc.		Suite, Apt. #. etc.			03102007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numb	ao-53 4	IALS N	oplied For of Applicable
Zip	Country	Zip Country		try	5. Certificate	of Status Desired	\$8.75 Add	iitional
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
SILVA, SORAYA A				Name				
2543 NW 53RD ST BOCA RATON, FL 33496				Street Address ((P.O. Box Numb	er is Not Acceptable) .	
				City			FL Zip Cod	e
8. The above	named entity submits this statement f	or the purpose of changing its	s register	ed office or register	red agent, or bo	oth, in the State of Flor	<u> </u>	and accept
the obligations of registered agent. SIGNATURE 4/12/07								
SIGNATURE Sometime typed or printed after-acquired appril and talle if applicable. (NOTE: Registered Appril apprilative required when remaining) DATE								
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS Delete	11.	-	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	
NAME	SILVA, SORAYA A			1			☐ Change	Addition
STREET ADDRESS CITY+ST+ZIP	1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			223900A T3-				
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NAME			MA	E				
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CITY-ST-ZIP			СПУ	-ST-ZIP				
TITLE NAME		Detate	TITL NAM	į.			☐ Change	Addition
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CITY-ST-ZIP				- ST - ZiP	·		[] AL	
NAME		☐ Delete	TITL				☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP	partify that the information a continutual	th this tition store and success.	_	-ST-ZIP	d in Charter 11	O Elogido Charles 11	Lainean ann airt ann an an a	-4
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 eath; 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 empowered.								
SIGNATURE: Serand 4/12/07								
SIGNATURE: TO THE AND THE AND THE PROPERTY AND THE PROPER								