2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000084444

1. Entity Name

SHANGRILA'S KOI, WATER ORNAMENTALS AND NATIVES SANCTUARY, INC.

FILED
08 SEP 24 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20175 SW 256 ST, REDLANDS FL 33031-1665	20175 SW 256 ST, REDLANDS FL 33031-1665

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20175 SW 256 St	20175 SW 256 St
Suite, Apt. #, etc.: /	Suite, Apt. #, etc.: REDLANDS FL
City & State: Redlands FL	City & State:
Zip: 33031-1665 Country: USA	Zip: 33031-1665 Country: USA

2nd MOORE CR2E034 (4/08)

4. FEI Number: 26 0590824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name: LILIANE GRAND'BOIS Street Address (P.O. Box Number is Not Acceptable): 20175 SW 256 St REDLANDS FL 33031-1665 City / **FL** / Zip Code

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: Liliane Grand·Bois DATE: 9/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	PSTD ☑ Change ☐ Addition
NAME	Grand·Bois Liliane	NAME	Grand·Bois Liliane
STREET ADDRESS	20175 SW 256 St	STREET ADDRESS	20175 SW 256 St
CITY-ST-ZIP	Redlands FL 33031-1665	CITY-ST-ZIP	Redlands FL 33031-1665
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500136295925
STREET ADDRESS		STREET ADDRESS	09/24/08--01006--004 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: Liliane Grand·Bois 9/15/08 3052456336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #