


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90164 010 \*\*\*158.75

<b>DOCUMENT # P09345</b>		
1. Entity Name SHASTA BEVERAGES, INC.		
Principal Place of Business ONE N. UNIVERSITY DR. STE 400A PLANTATION, FL 33324	Mailing Address ONE N. UNIVERSITY DR. STE 400A PLANTATION, FL 33324	

**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>94-2977421</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPORELLA, NICK A ONE NORTH UNIVERSITY DRIVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VP</del> CAPORELLA, JOSEPH G ONE N. UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCOY DEAN ONE NORTH UNIVERSITY DRIVE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bill Phillips Same
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 954-581-0922  
Date Daytime Phone #