2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P09345

1. Entity Name SHASTA BEVERAGES, INC.



Principal Place of Business

ONE N. UNIVERSITY DR.

STE 400A

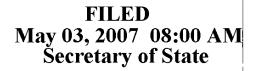
PLANTATION, FL 33324

Mailing Address

ONE N. UNIVERSITY DR.

STE 400A

PLANTATION, FL 33324





04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 94-2977421

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Certificate of status pesited

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

		•			
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					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS				14414000000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPORELLA, NICK A ONE NORTH UNIVERSITY DRIVE PLANTATION, FL 33324				•
TITLE NAME	EVP CAPORELLA, JOSEPH G				U00000760724 05/25/07-80027-008 158,75

TITLE EVP

NAME CAPORELLA, JOSEPH G

STREET ADDRESS ONE N. UNVERSITY DR.

CITY-ST-ZIP PLANTATION, FL 33324

TITLE VP

NAME MCCOY DEAN

STREET ADDRESS ONE NORTH UNIVERSITY DRIVE

CITY-ST-ZIP PLANTATION, FL

NAME PHILLIPS, BILL
STREET ADDRESS ONE NORTH UNIVERSITY DR
CITY-ST-ZIP PLANTATION, FL

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

4-27-07 954-581-0922

Dale

DO NOT WRITE

IN THIS SPACE

Daytime Phone #