

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000045521

**Entity Name:** SHADOW TECHNOLOGIES, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

777 BIG TREE RD  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 521596  
LONGWOOD, FL 32752 US

**New Mailing Address:**

**FEI Number:** 59-3446379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORELLI, JOSEPH  
2280 N COUNTY RD 427 #105  
LONGWOOD, FL 32750 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NORELLI, JOSEPH  
Address: 2280 N COUNTRY RD 427, #105  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: JOESPH NORELLI

PD

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date