2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2006
Secretary of State

DOCUMENT# P97000067901

Entity Name: SHIBUI STUDIOS, INC.

Current Principal Place of Business:

933 S.E. 12TH PLACE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

933 S.E. 12TH PLACE
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3659550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, JERRY L
933 S.E. 12TH PLACE
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	STEVENS, GAIL N	
Address:	933 S.E. 12TH PLACE	
City-St-Zip:	OCALA, FL 34471	
Title:	T	( ) Delete
Name:	STEVENS, GAIL N	
Address:	933 S.E. 12TH PLACE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	STEVENS, GAIL N	
Address:	933 SE 12TH PL	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	STEVENS, JERRY L	
Address:	933 SE 12TH PL	
City-St-Zip:	OCALA, FL 34471	
Title:	V	( ) Delete
Name:	GRIGGS, JOSEPH	
Address:	1000 HARNESS CIRCLE, SUITE 62	
City-St-Zip:	SAN RAMON, CA 94583	
Title:	S	( ) Delete
Name:	STEVENS, JERRY L	
Address:	933 SE 12TH PL	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAIL N. STEVENS P 03/12/2006

Electronic Signature of Signing Officer or Director Date