# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2005**
**Secretary of State**

DOCUMENT# P99000084038

**Entity Name:** SHAMMY ISLAND, INC.

**Current Principal Place of Business:**

12180 E COLONIAL DR
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

12180 E COLONIAL DR
ORLANDO, FL 32826 US

**New Mailing Address:**

**FEI Number: 58-2493573** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ANASAGASTI, RAMON
14142 MAGNOLIA GLENN CIR.
ORLANDO, FL 32828 US

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

NARVAEZ, SONIA
12180 E. COLONIAL DR.
ORLANDO, FL 32826 US

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: SONIA NARVAEZ 04/15/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete
Name: ANASAGASTI, RAMON D
Address: 14142 MAGNOLIA GLENN CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Change (X) Addition
Name: NARVAEZ, SONIA
Address: 12180 E. COLONIAL DR
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SONIA NARVAEZ D 04/15/2005
Electronic Signature of Signing Officer or Director Date