

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90008 045 ***150.00

DOCUMENT # S07088
 1. Entity Name
 SHENANDOAH INVESTMENTS, INC.



Principal Place of Business Mailing Address
 5930 N. BAYSHORE DRIVE 5930 N. BAYSHORE DRIVE
 MIAMI, FL 33137 US MIAMI, FL 33137 US

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0235074 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CLARK, JUDY
 5930 N. BAYSHORE DRIVE
 MIAMI, FL 33137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD SD
NAME	CLARK, JUDY KEVIN CLARK
STREET ADDRESS	5930 N BAYSHORE DR 7825 NE BAYSHORE CT #304
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	SD PD
NAME	CLARK, LARRY
STREET ADDRESS	5930 N BAYSHORE DR
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JUDY CLARK
STREET ADDRESS	5930 N BAYSHORE DR
CITY-ST-ZIP	MIAMI, FL 33137
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

Date _____ Daytime Phone # _____