
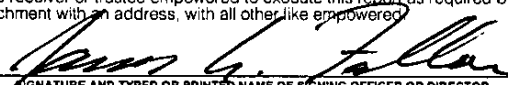


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 030 ***150.00

DOCUMENT # 440267 1. Entity Name SHEPARD REALTY, INC.																											
Principal Place of Business 724 BUNKER ROAD WEST PALM BEACH, FL 33405		Mailing Address 724 BUNKER ROAD WEST PALM BEACH, FL 33405																									
2. Principal Place of Business 784 U.S. Hwy 1 Suite, Apt. #, etc. Suite 18 City & State North Palm Beach, FL Zip Country 33408 USA		3. Mailing Address 784 U.S. Hwy 1 Suite, Apt. #, etc. Suite 18 City & State North Palm Beach, FL Zip Country 33408 USA																									
4. FEI Number 59-1553032		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HARRIS, RICHARD J 4400 PGA BLVD., 8TH FLOOR PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FALLON, JAMES L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>711 HUMMINGBIRD WAY, #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL 33408</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	FALLON, JAMES L		STREET ADDRESS	711 HUMMINGBIRD WAY, #102		CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		1/17/2006 561-582-6626																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James L. Fallon, Pres.		Date Daytime Phone #																									