2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 452873

Entity Name: SHOOK ASSOCIATES CORP. OF FLORIDA

Current Principal Place of Business:

6711 N HIMES AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 151377
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-1535390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, JAMES H
2113 W KYRA DR
TAMPA, FL 33612 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: PD ( ) Delete
Name: TURNER, JAMES H
Address: 2113 W KYRA DR
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete
Name: HAMEROFF, ALVIN I.,
Address: 14223 CYPRESS CIR
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete
Name: TUNER, BONNIE
Address: 2113 W KYRA DR
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TURNER, JAMES H
Address: 2113 W KYRA DR
City-St-Zip: TAMPA, FL 33612

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

Title: VP (X) Change ( ) Addition
Name: TURNER, BONNIE
Address: 2113 W KYRA DR
City-St-Zip: TAMPA, FL 33612

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: BONNIE TURNER VP 04/12/2005

Electronic Signature of Signing Officer or Director — Date