
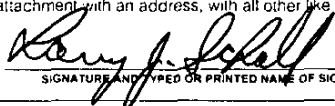


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90235 014 \*\*\*150.00

<b>DOCUMENT # F07000000331</b>			
1. Entity Name <b>SHAFER, KLINE &amp; WARREN, INC.</b>			
Principal Place of Business <b>2940 MAIN ST KANSAS CITY, MO 64108</b>		Mailing Address <b>2940 MAIN ST KANSAS CITY, MO 64108</b>	
2. Principal Place of Business - No P.O. Box # <b>11250 Corporate Dr</b>		3. Mailing Address <b>same 11250 CORPORATE DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lenexa KS</b>		City & State <b>LEXEXA KS</b>	
Zip <b>66219</b>	Country <b>USA</b>	Zip <b>66219</b>	Country <b>USA</b>
4. FEI Number <b>48-0767542</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PETERING, RONALD D 11100 W.91ST ST. OCERLAND PARK, KS 66214</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11250 Corporate Dr Lenexa KS 66219</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST GRAHAM, LARRY D 2940 MAIN ST KANSAS CITY, MO 64108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD SCHALL, LARRY J 2005 SWIFT-NORTH KANSAS CITY, MO 64116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EVPD 11250 Corporate Dr Lenexa KS 66219</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD JOHNSON, GERALD C 11100W 91ST ST. OVERLAND PARK, KS 66214</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11250 Corporate Dr Lenexa KS 66219</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD SHETLAR, KENNETH R 216 N JEFFERSON IOLA, KS 66749</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP HAMILTON, DAVID E 107 BUTLER ST P.O. BOX 366 MACON, MO 63552</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VPD David C. Stanfield 2940 Main St Kansas City MO 64108</b>
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: 		Larry J Schall	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small> <b>4/30/08 913-307-2571</b>	