


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000095907


1. Entity Name
 SHADOW METERING INC.



Principal Place of Business
 1800 OLD MOODY BLVD., STE 1
 BUNNELL, FL 32110

Mailing Address
 12 FAYETTE LN.
 PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1266753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID A.
 12 FAYETTE LN
 PALM COAST, FL 32137

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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 *David A Williams* **DAVID A Williams** **6-8-06**

Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NANCY J 12 FAYETTE LN PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, DAVID A 12 FAYETTE LN PALM COAST, FL 32137
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 06/13/06-80002-004 550.00

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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: *David A Williams* **DAVID A Williams** **6-8-06** **386-503-4377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #