
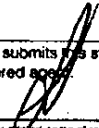



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5. **FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90192 043 \*\*\*150.00

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<b>DOCUMENT # P05000112577</b>					
1. Entity Name SHAWE CONSULTING, INC.					
Principal Place of Business 16900 NE 19TH AVE N MIAMI BEACH, FL 33162		Mailing Address 16900 NE 19TH AVE N MIAMI BEACH, FL 33162			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEE Number 54-2180086	
				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			7. Name and Address of New Registered Agent		
LIPSON, STUART A 16900 NE 19TH AVE N MIAMI BEACH, FL 33162			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 		Signature, typed or printed name of registered agent and title if applicable		DATE 4/28/06	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
SHAWE, LAWRENCE R 16900 NE 19TH AVE N MIAMI BEACH, FL 33162					
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 info empowered.					
SIGNATURE: 		Signature, typed or printed name of signing officer or director Lawrence R. Shawe, Director 4/28/06		Date	
				Daytime Phone #	