2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073479

Entity Name: AUDE, SHAND & WILLIAMS, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19353 US HWY 19, N. SUITE 101

CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

19353 US HWY 19, N. SUITE 101

CLEARWATER, FL 33764 US

FEI Number: 59-3271123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SHAND, ARTHUR C
 AUDE, ROBERT

 19353 US HWY 19, N.
 19353 US HWY 19, N.

 SUITE 101
 SUITE 101

CLEARWATER, FL 33764 US CLEARWATER, FL 33764 US

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: ROBERT AUDE 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: PVTS (X) Change () Addition

 Name:
 AUDE, ROBERT J
 Name:
 AUDE, ROBERT J

 Address:
 19353 US HWY 19, N. SUITE 101
 Address:
 19353 US HWY 19, N. SUITE 101

Address: 19353 US HWY 19, N. SUITE 101 Address: 19353 US HWY 19, N. SUITE 101 City-St-Zip: CLEARWATER, FL 33764 US City-St-Zip: CLEARWATER, FL 33764 US

Title: DVS (X) Delete Title: () Change () Addition
Name: SHAND ARTHUR C Name:

 Name:
 SHAND, ARTHUR C
 Name:

 Address:
 19353 US HWY 19, N. SUITE 101
 Address:

 City-St-Zip:
 CLEARWATER, FL 33764 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT AUDE P 04/29/2008