

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


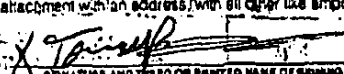

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. ECKE AUG 02 2005

<b>DOCUMENT # P01000068484</b>			
1. Entity Name <b>SHADY &amp; SHANNAN, INC.</b>			
Principal Place of Business <b>2126 34TH NW WINTER HAVEN, FL 33881</b>		Mailing Address <b>100 EAGLE POINT BLVD. AUBURDALE, FL 33823</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3729075</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>IBRAHIM, HOUDA N 100 EAGLE POINT BLVD. AUBURDALE, FL 33823</b>		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and 15% if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
<b>FILE NOW!!! FEB 18 8:55:00 Due by September 7, 2008</b>		Election/Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee. In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS: <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete IBRAHIM, HOUDA N 100 EAGLE POINT BLVD. AUBURDALE, FL 33823	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: <b>7-7-05</b> 	
SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	