


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 047 \*\*\*150.00

<b>DOCUMENT # 247562</b>	
1. Entity Name <b>SHALES INC</b>	

Principal Place of Business <b>1115 CLEVELAND ST CLEARWATER FL <del>34615</del> 33755</b>	Mailing Address <b>1115 CLEVELAND ST CLEARWATER FL <del>34615</del> 33755</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-0933455</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>HENEGAR, DENNIS 1280 LAKEVIEW ROAD #201 CLEARWATER FL 33756</b>		7. Name and Address of New Registered Agent Name <b>Jacqueline Henegar</b> Street Address (P.O. Box Number is Not Acceptable) <b>2006 Jeffords St</b> City <b>Clearwater</b> FL Zip Code <b>33764</b>	

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 Jacqueline Henegar **Jacqueline Henegar** 1-24-06  
Signature, if person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENEGAR, DENNIS <b>1280 LAKEVIEW ROAD #201</b> <b>2006 Jeffords St</b> <b>CLEARWATER FL <del>33756</del></b> <b>33764</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENEGAR, JACQUELINE <b>1280 LAKEVIEW ROAD #201</b> <b>2006 Jeffords St</b> <b>CLEARWATER FL <del>33756</del></b> <b>33764</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENEGAR, JACQUELINE <b>1280 LAKEVIEW ROAD #201</b> <b>CLEARWATER FL <del>33756</del></b> <b>Same</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MARK <b>1124 CHARLES ST</b> <b>CLEARWATER FL 33755</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Jacqueline Henegar **Jacqueline Henegar** 1-24-06 727-442-3158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #