
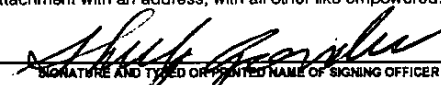


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90189 042 \*\*\*150.00

<b>DOCUMENT # 416103</b> 1. Entity Name <b>SHELLY GORDON SALES, INC.</b>			
Principal Place of Business <b>13455 MILITARY TRAIL SUITE B DELRAY BEACH, FL 33484</b>		Mailing Address <b>13455 MILITARY TRAIL SUITE B DELRAY BEACH, FL 33484</b>	
2. Principal Place of Business <b>1300 NW 17th Ave.</b> Suite, Apt. #, etc. <b>Ste. 155</b> City & State <b>Delray Bch, FL</b> Zip <b>33445</b> Country <b>USA</b>		3. Mailing Address <b>1300 NW 17th Ave.</b> Suite, Apt. #, etc. <b>Ste. 155</b> City & State <b>Delray Bch, FL</b> Zip <b>33445</b> Country <b>USA</b>	
4. FEI Number <b>59-1508023</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GORDON, SHELDON 6224 S.W. 146TH CT. MIAMI, FL 33183</b>		7. Name and Address of New Registered Agent  <b>8206 Duomo Circle Boynton Beach, FL 33437</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDON, SHELDON 8206 DUOMO CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODARD, SEAN 1917 HIBISOUS LANE MAITLAND, FL 32751	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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: 		Date: <b>1/9/06</b> Daytime Phone #: <b>3612781531</b>	