2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 438337

Entity Name: WILLIAM H. SHANK & ASSOCIATES, INC.

FILED Mar 24, 2006 Secretary of State

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

1104 OSCEOLA ST 1104 OSCEOLA ST

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

1104 OSCEOLA ST 1104 OSCEOLA ST

JACKSONVILLE, FL 32204 US

FEI Number: 59-1539887 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:

SHANK, WILLIAM H. SMITH-SHANK, GLENDA 1104 OSCEOLA ST 1104 OSCEOLA ST

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 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: GLENDA SMITH SHANK 03/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition

Name: SHANK, TERESA, Address: 1104 OSCEOLA ST SHANK, TERESA, Address: 1104 OSCEOLA ST

City-St-Zip: JACKSONVILLE, FL 32204 US

Title: STD (X) Delete Title: () Change () Addition

 Name:
 JOHNS, KAREN S.,
 Name:

 Address:
 1104 OSCEOLA ST.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 SHANK, WILLIAM H
 Name:

 Address:
 1104 OSECOLA ST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:

Title: VPD () Delete Title: PST (X) Change () Addition

Name:SMITH-SHANK, GLENDAName:SMITH-SHANK, GLENDAAddress:1104 OSCEOLA STREETAddress:1104 OSCEOLA STREETCity-St-Zip:JACKSONVILLE, FL 32204City-St-Zip:JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENDA SMITH-SHANK P 03/24/2006