10.

TITLE

PDT

SIGNATURE:

## 3 2006 FOR PROFIT CORPORATION FILED .\_\_\_ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State **DOCUMENT #476327** SHIRLEY AVENUE, INC. Principal Place of Business Mailing Address **4595 LEXINGTON AVE 4595 LEXINGTON AVE** STE. 100 STE. 100 JACKSONVILLE, FL 32210 US US JACKSONVILLE, FL 32210 04172006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1621341 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILNE, DOUGLAS J. DO NOT WRITE 4595 LEXINGTON AVE JACKSONVILLE, FL 32210 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

OFFICERS AND DIRECTORS

Applied For

Not Applicable

MILNE, DOUGLAS J. NAME 4595 LEXINGTON AVE STREET ADDRESS U00000544886 CITY-ST-ZIP JACKSONVILLE, FL

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12. I hereby certify that the information supplied with this filling 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 cath; 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 withyan address, with all other like empowered.			

4/28/06