2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556970

Entity Name: SHORES, TAGMAN & COMPANY, P.A.

FILED May 04, 2006 Secretary of State

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

17 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

17 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801 US

FEI Number: 59-1788225 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:

SHORES, WILLIAM L.

3334 HORSESHOE BEND CT
LONGWOOD, FL 32779 US

SHORES, WILLIAM L

3334 HORSESHOE BEND CT
LONGWOOD, FL 32779 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: WILLIAM L. SHORES 05/04/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: PDT (X) Change () Addition SHORES, WILLIAM L., SHORES, WILLIAM L Name: Name: 3334 HORSESHOE BEND CT Address: 3334 HORSESHOE BEND CT Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete Title: () Change () Addition
Name: TAGMAN_SUZANNE M Name:

 Name:
 TAGMAN, SUZANNE M
 Name:

 Address:
 3326 WALD ROAD
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

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: WILLIAM L. SHORES PRES 05/04/2006