


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90082 032 \*\*\*158.78

<b>DOCUMENT # F05000000920</b>	
1. Entity Name <b>SHANK SERVICES, INC.</b>	

Principal Place of Business <b>800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309</b>
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2. Principal Place of Business <b>200 W. Cypress Creek Road</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33309-2175</b> Country <b>USA</b>	3. Mailing Address <b>200 W. Cypress Creek Road</b> Suite, Apt. #, etc. <b>SUITE 400</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33309-2175</b> Country <b>USA</b>
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40053600



03312006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2096974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GATHRIGHT, RICHARD E 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP 200 W Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PICOW, ROBERT S 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 200 W Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS SHORE, MICHAEL S 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT 200 W Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV WILLIAMS, GARY G 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 200 W Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV VINGER, PAUL C 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 200 W Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREASMAN, ROBERT R 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKIDMORE, STEPHEN M 200 W. Cypress Creek Rd, Suite 400 Ft. Lauderdale, FL 33309-2175 <input type="checkbox"/> Change <input checked="" 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:  CFO 4/7/06 954 308 4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40053293

DOCUMENT # F05000000920	
1. Entity Name SHANK SERVICES, INC.	

Principal Place of Business 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309	Mailing Address 800 WEST CYPRESS ROAD, SUITE 580 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
Name	
Street Address (f	
City	

Registered office or registered

Registered Agent signature required

Financing  
ation. ☐ \$5.1  
Add

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S LUNGARO, LOUISE P.</i> <i>200 W. Cypress Creek Rd Suite 400</i> <i>Ft. Lauderdale, FL 33309</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>B</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I certify that the information  
signature shall have the same legal effect as if made under oath; that I am an officer or director  
required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR Date Daytime Phone #