2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82694

Entity Name: SHOOK SERVICE, INC.

FILED Feb 05, 2006 Secretary of State

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

1701 RIDGEWOOD AVENUE HOLLY HILL, FL 32117

Current Mailing Address: New Mailing Address:

1701 RIDGEWOOD AVENUE HOLLY HILL, FL 32117

FEI Number: 59-2192180 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:

MARTY'S CAR CARE

1122 PARKSIDE DRIVE

ORMOND BEACH, FL 32174 US

MARTY'S CAR CARE

151 DEER LAKE CIRLE

ORMOND BEACH, FL 32174 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: 02/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: SHOOK, MARTIN L, Address: 1122 PARKSIDE DRIVE Title: DP (X) Change () Addition Name: SHOOK, MARTIN L, Address: 151 DEER LAKE CIRCLE

1122 PARKSIDE DRIVE Address: 151 DEER LAKE CIRCLE ORMOND BEACH, FL City-St-Zip: ORMOND BEACH, FL

Title: V () Delete Title: V (X) Change () Addition
Name: SHOOK, MARCIA S.,
Address: 1433 PARKSIDE DRIVE

Address: 1122 PARKSIDE DRIVE Address: 151 DEER LAKE CIRCLE City-St-Zip: ORMOND BEACH, FL City-St-Zip: ORMOND BEACH, FL

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

Name:SHOOL, ZACHARYName:SHOOL, GABRIELAddress:1122 PARKSIDE DRAddress:151 DEER LAKE CIRCLECity-St-Zip:ORMOND BEACH, FL32174City-St-Zip:ORMOND BEACH, FL32174

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: MARTIN SHOOK DP 02/05/2006