

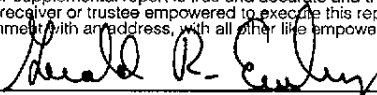


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000004669</b> 1. Entity Name <b>SHAW RETAIL PROPERTIES, INC.</b>		
Principal Place of Business <b>616 E WALNUT AVE DALTON, GA 30722-2128 US</b>		Mailing Address <b>PO DRAWER 2128 MAIL DROP 061-04 DALTON, GA 30722-2128</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04192006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>58-2242176</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>		
<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
		<b>U00000561982 05/19/06-80037-017 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOOPER, FREDERICK L III 1235 ARABIAN DRIVE DALTON, GA 30720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOBBINS, CHARLES N 1904 WYCLIFF DALTON, GA 30720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EMBRY, GERALD R 4006 MILLSTONE CIRCLE ROCKY FACE, GA 30740	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, KENNETH G 5536 MOUNTAIN BREEZE DR CHATTANOOGA, TN 37421	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		<b>259prob</b> <b>706 278 3812</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #