2007 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY - ST - ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

FILED May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # H94163** 1. Entity Name ALAN R. SHAW, CHARTERED Principal Place of Business Mailing Address P.O.BOX 581 4019 78 DR E TALLEVAST, FL 34270 US PO BOX 581 TALLEVAST, FL 34270 US No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-2748373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHAW, ALAN R. 4019 78TH DR E PO BOX 581 IN THIS SPACE TALLEVAST, FL 34270 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PST** TITLE NAME SHAW, ALAN R. 4019 78 DR. E. STREET ADDRESS SARASOTA, FL CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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.

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ns/23/n7-80004-012 150.00

SIGNATURE: _	Mila	AR SHAW	4-30-07	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Daytime Phone #