2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2007 08:00 AM DOCUMENT #K53036 **Secretary of State** 1. Entity Name SHOM, INC. Principal Place of Business Mailing Address 118 OLD MAIL ROUTE ROAD P 0 B0X 901 CRESCENT CITY, FL 32112 US CRESCENT CITY, FL 32112 US No Chg-P 01262007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2922071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NETTLES, TROY A. DO NOT WRITE 118 OLD MAIL RTE RD CRESCENT CITY, FL 32112 IN THIS SPACE 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, typed or existed name of registered event and tyle if emplicable (NOTE: Registered Agent signature required when reinstating) 03/01/07-89931-002 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NETTLES, TROY A. NAME STREET ADDRESS 118 OLD MAIL RTE RD CITY-ST-7IP CRESCENT CITY, FL 32112 TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NATURE ANDITYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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