
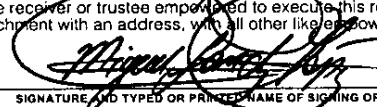


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 034 ***550.00

DOCUMENT # L92599 1. Entity Name SHAY ASSETS MANAGEMENT, INC.								
Principal Place of Business 230 WEST MONROE ST STE 2810 CHICAGO, IL 60606 US			Mailing Address 1000 BRICKELL AVE STE 500 MIAMI, FL 33131 US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number 59-3026736		Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHAY, RODGER D. 1000 BRICKELL AVE MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.D. SAMMONS, EDWARD E JR 230 WEST MONROE ST CHICAGO, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMMONS, EDWARD E. JR. 230 WEST MONROE ST CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SHAY, RODGER D., JR. 1000 BRICKELL AVE, SUITE 500 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PODRAZA, ROBERT T. 1000 BRICKELL AVE MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input 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 powers.								
SIGNATURE: 				5-17-06 (305) 507-1549				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				