2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# M92371

Entity Name: SHAW SECURITIES, INC.

Current Principal Place of Business:

4024 NORTH MERIDIAN RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

4024 NORTH MERIDIAN RD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-2902699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, FRANK, III
4024 NORTH MERIDIAN RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SHAW, FRANK, JR.
Address: 4024 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: SHAW, SARAH
Address: 4024 N MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: HYDE, SALLY
Address: 592 FRANK SHAW DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD ( ) Delete
Name: SHAW, FRANK, III
Address: 3520 THOMASVILLE RD. 4TH FLOOR
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: HYDE, TERRY
Address: 592 FRANK SHAW DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON BRYANT CPA 04/20/2009

Electronic Signature of Signing Officer or Director — Date