


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N16055 1. Entity Name SHOPPING CENTERS POLITICAL ACTION COMMITTEE, INC.	
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Principal Place of Business 311 E PARK AVENUE TALLAHASSEE, FL 32301-7736	Mailing Address 311 E PARK AVENUE TALLAHASSEE, FL 32301-7736
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03092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2781238	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, JULIE S 311 E PARK AVENUE TALLAHASSEE, FL 32312

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

UN00000476510
04/06/06-80014-010 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LECKY, JAMES 311 E. PARK AVENUE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, JULIE 311 EAST PARK AVE. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA OSCAR 311 E. PARK AVENUE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLASI, PATRICIA 311 EPARK AVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KESSEL, GREGORY 311 E. PARK AVENUE TALLAHALLASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, SUE 311 E. PARK AVENUE TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 617, 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: Julie S Myers JULIE S MYERS 3-10-06 224-5681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #