2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 01, 2006 08:00 AN DOCUMENT # P01000066600 Secretary of State 1. Entity Name SHANNOW, INC. Principal Place of Business Mailing Address 904 WOODCLIFF AVE 904 WOODCLIFF AVE TAMPA, FL 33613 TAMPA, FL 33613 CR2E034 (11/05) 01262006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3738432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, MICHAEL 904 WOODCLIFF AVE TAMPA, FL 33613 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SMITH, MICHAEL STREET ADDRESS 904 WOODCLIFF AVE CITY-ST-ZIP **TAMPA, FL 33613** TITLE KELLY, CELINE M NAME U00000415347 02/11/06-80078-004 150.00 STREET ADDRESS 904 WOODCLIFF AVE **TAMPA, FL 33613** CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachme

SIGNATURE:

CMY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR