


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 033 ***150.00

DOCUMENT # P01000068194	
1. Entity Name SHACHNOW ENTERPRISES, INC.	

Principal Place of Business C/O ENGELBERG & MILGRIM, P.A. 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021	Mailing Address C/O ENGELBERG & MILGRIM, P.A. 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021
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04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1120787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ENGELBERG, MORRIS C/O ENGELBERG & MILGRIM, P.A. 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZOLACZ, LISA 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKER, NANCY 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACHNOW, MARJORIE 3230 STIRLING RD., STE. 1 4040 SHERIDAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lisa Czolacz Lisa Czolacz 4-13-06 201-871-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #