2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100728

1. Entity Name GERALD SHAW INC.



Principal Place of Business

13134 REDON DRIVE

PALM BEACH GARDENS, FL 33410

Mailing Address

13134 REDON DRIVE

PALM BEACH GARDENS, FL 33410

FILED Mar 13, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03062006 No Chg-P

CR2E034 (11/05)

4. FEt Number 65-1143989 Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRD, BARRY B 7108 FAIRWAY DRIVE, STE 225 PALM BEACH GARDENS, FL 33418			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refinating) ORTE					
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TO. TRILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTD SHAW, GERALD 13134 REDON DRIVE PALM BEACH GARDENS, FL 33410 SD SHAW, SYDELLE 13134 REDON DRIVE PALM BEACH GARDENS, FL 33410	TORS		•.	000000466355 83/23/66-80007-011 158.75
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ACCRESS CITY-ST-ZIP					

12. Thereby 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 float 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 applicase, with all other like empowered.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR