

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044048

Entity Name: THE SHADOWCATCHER, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

1101 AMBER GLADES LANE
KNOXVILLE, TN 37922

New Principal Place of Business:

Current Mailing Address:

1101 AMBER GLADES LANE
KNOXVILLE, TN 37922

New Mailing Address:

FEI Number: 01-0669148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRECO, FRANK J
4047 HENDERSON BLVD.
TAMPA, FL 33629 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: D () Delete
Name: ANKNEY, GARY
Address: 1115 CLASSIC DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ANKNEY, PATRICIA G
Address: 1115 CLASSIC DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANKNEY, GARY L
Address: 1101 AMBER GLADES LANE
City-St-Zip: KNOXVILLE, TN 37922

Title: D (X) Change () Addition
Name: ANKNEY, PATRICIA G
Address: 1101 AMBER GLADES LANE
City-St-Zip: KNOXVILLE, TN 37922

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L. ANKNEY

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date