

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077351

FILED
May 01, 2006
Secretary of State

Entity Name: SHANNON M. HOUK, P.A.

Current Principal Place of Business:

8192 COLLEGE PKWY
SUITE B42
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8192 COLLEGE PKWY
SUITE B42
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 01-0731825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUK, SHANNON M
12008 HIDDEN LINKS DR.
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

HOUK, SHANNON M
8192 COLLEGE PARKWAY
B42
FORT MYERS, FL 33919 US

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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: HOUK, SHANNON
Address: 12008 HIDDEN LINKS DR.
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: HOUK, SHANNON
Address: 8192 COLLEGE PARKWAY; SUITE B42
City-St-Zip: FORT MYERS, FL 33919

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: SHANNON M. HOUK

PTSD

05/01/2006

Electronic Signature of Signing Officer or Director

Date