2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115591

Entity Name: SHYLER L. NEVEAUX, INC.

FILED Jan 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2401 WEST BAY DRIVE SUITE 116

LARGO, FL 33770 US

Current Mailing Address: New Mailing Address:

2401 WEST BAY DRIVE SUITE 116 LARGO, FL 33770 US

FEI Number: 06-1652820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEVEAUX, SHYLER L
19417 GULF BLVD F207
NEVEAUX, SHYLER L
2942 WEST BAY DRIVE

INDIAN SHORES, FL 33785 US APT 40
BELLEAIR BLUFFS, FL 33770 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: SHYLER L. NEVEAUX 01/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: NEVEAUX, SHYLER L

Address: NEVEAUX, SHYLER L

Address: NEVEAUX, SHYLER L

Address: NEVEAUX, SHYLER L

 Address:
 19417 GULF BLVD
 APT. F-207
 Address:
 2942 WEST BAY DRIVE
 APT 40

 City-St-Zip:
 INDIAN SHORES, FL 33785
 City-St-Zip:
 BELLEAIR BLUFFS, FL 33770

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: SHYLER L. NEVEAUX DIRE 01/27/2006