


**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90244 004 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000006367			
1. Entity Name WILLIAM SHANKLE, INC.			
Principal Place of Business 1345 BIARRITZ DR MIAMI, FL 33141		Mailing Address 1345 BIARRITZ DR MIAMI, FL 33141	
2. Principal Place of Business <i>William Shankle</i>		3. Mailing Address <i>1345 Biarritz Dr</i>	
Suite, Apt. #, etc. <i>1345 Biarritz Dr</i>		Suite, Apt. #, etc.	
City & State <i>Miami Beach FL</i>		City & State <i>Miami Beach FL</i>	
Zip <i>33141</i>		Zip <i>33141</i>	
Country <i>Miami Dade</i>		Country <i>Miami Dade</i>	
6. Name and Address of Current Registered Agent SHANKLE, WILLIAM F 1345 BIARRITZ DR MIAMI, FL 33141		4. FEI Number 75-3095710	
		Chg-P CR2E034 (11/05)	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
		Name <i>William Shankle</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1345 Biarritz Dr</i>	
		City <i>Miami Beach</i>	
		FL Zip Code <i>33141</i>	
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: <i>[Signature]</i> DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SHANKLE, WILLIAM F. 1345 BIARRITZ DR MIAMI, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		Date: <i>6/19/06</i> (305) 864-3311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	