2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# P03000025496

Entity Name: SHOCKER GROUP, INC.

Current Principal Place of Business:

1312 ANGLERS LANE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

1312 ANGLERS LANE
LUTZ, FL 33548

New Mailing Address:

FEI Number: 37-1460749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IERNA, TOMAS M
1312 ANGLERS LANE
LUTZ, FL 33548 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

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: P ( ) Delete
Name: IERNA, TOMAS M
Address: 1312 ANGLERS LANE
City-St-Zip: LUTZ, FL 33548

Title: S ( ) Delete
Name: KOMANDO, DAVID
Address: 164 BAYWIND DR.
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: MESICK, BRIAN
Address: 239 HIGH ST.
City-St-Zip: CUMBERLAND, RI 02864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: KOMANDO, DAVID
Address: 1303 GUNBY AVE, APT. 11
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition
Name: MESICK, BRIAN
Address: 24B CLIFTON ST. N.
City-St-Zip: CAMBRIDGE, MA 02140 US

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: TOMAS M IERNA P 05/04/2006

Electronic Signature of Signing Officer or Director Date