

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000045676	
1. Entity Name SHUMAN CONCEPTS, INC.	

Principal Place of Business 11004 64TH TERRACE NORTH SEMINOLE FL 33772	Mailing Address 11004 64TH TERRACE NORTH SEMINOLE FL 33772
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

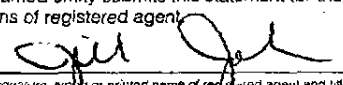
1st MOORE CR2EQ34 (10/05)

4. FEI Number 05-0567874	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, JILL C 11004 64TH TERRACE NORTH SEMINOLE FL 33772	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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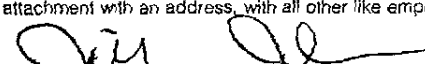
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 4-10-06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete NAME JOHNSON, JILL C STREET ADDRESS 11004 64TH TERRACE NORTH CITY-ST-ZIP SEMINOLE FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000506193 ☐ Change ☐ Addition 04/27/06-80011-018 150.00
TITLE V ☐ Delete NAME SHUMAN, MELODY L STREET ADDRESS 11004 64TH TERRACE NORTH CITY-ST-ZIP SEMINOLE FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE 4-10-06 727-641-4024
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