


FILED
Aug 23, 2004 8:00 am
Secretary of State

07-29-2004 90004 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079938

1. Entity Name
SHEPHARD PARTNERSHIPS INTERNATIONAL, INC.



Principal Place of Business
**5901 SEASIDE DR
 NEW PORT RICHEY, FL 34652**

Mailing Address
**5901 SEASIDE DR
 NEW PORT RICHEY, FL 34652**

66432459



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07272004 Chg-P CR2E034 (10/03)

City & State
 Zip

City & State
 Zip

4. FEI Number
61-1458130

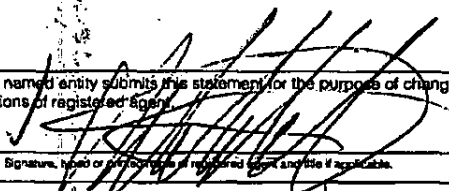
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WALLER, MITCHELL & BARNETT, ATTORNEYS AT L
 5332 MAIN ST
 NEW PORT RICHEY, FL 34652**

7. Name and Address of New Registered Agent
 Name **JONATHAN S SHEPHARD**
 Street Address (P.O. Box Number is Not Acceptable)
5901 SEASIDE DRIVE
NEWPORT RICHEY FL 34652

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **7/27/4**

**FILE NOW!!! - FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$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.

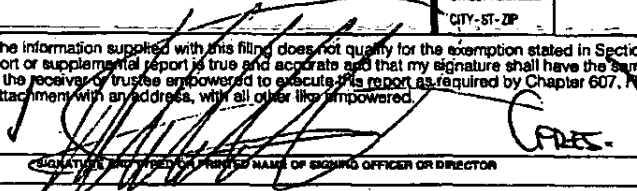
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHEPHARD, JONATHAN S	5901 SEASIDE DR	NEW PORT RICHEY, FL 34652	<input type="checkbox"/>
D	REJSTROM, MONICA	5901 SEASIDE DR	NEW PORT RICHEY, FL 34652	<input type="checkbox"/>
D	WESTERHOLM, DANIEL	5901 SEASIDE DR	NEW PORT RICHEY, FL 34652	<input type="checkbox"/>
PST	SHEPHARD, JON S	5901 SEASIDE DR	NEW PORT RICHEY, FL 34652	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  (PRES.)

DATE: **7/27/4** (207) 859-9739

Daytime Phone #