2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082700

Entity Name: SHUTTLEBUG, INC.

FILED Apr 28, 2005 Secretary of State

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

3832-10 BAYMEADOWS RD 10355 ARROWHEAD DRIVE #157 JACKSONVILLE, FL 32257

JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

3832-10 BAYMEADOWS RD 10355 ARROWHEAD DRIVE #157 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32217

FEI Number: 02-0700412 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:

AUSTELL, C. MICHAEL 3832-10 BAYMEADOWS RD #157

JACKSONVILLE, FL 32217 US

AUSTELL, C. MICHAEL 10355 ARROWHEAD DRIVE JACKSONVILLE, FL 32257 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: 04/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: AUSTELL, C. MICHAEL Name: AUSTELL, C. MICHAEL

 Name:
 AUSTELL, C. MICHAEL
 Name:
 AUSTELL, C. MICHAEL

 Address:
 3832-10 BAYMEADOWS RD #157
 Address:
 10355 ARROWHEAD DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: VD () Delete Title: () Change () Addition

 Name:
 PALACIOS, JOSE M
 Name:

 Address:
 128 GARDENIA AVE
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: C. MICHAEL AUSTELL PD 04/28/2005