


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90014 010 ***150.00

DOCUMENT # P03000102112	
1. Entity Name CEDAR SHOALS INC.	

Principal Place of Business 12602 SR 24 CEDAR KEY FL 32625	Mailing Address 12602 SR 24 CEDAR KEY FL 32625
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2. Principal Place of Business 12602 SR 24 Suite, Apt. #, etc.	3. Mailing Address 12602 SR 24 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

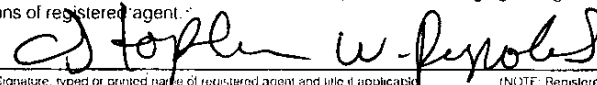
City & State Cedar Key FL	City & State Cedar Key FL
Zip 32625	Zip 32625
Country Levy	Country Levy

4. FEI Number 59-3570254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, CHRISTOPHER W 12602 SR 24 CEDAR KEY FL 32625
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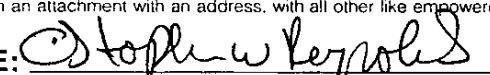
7. Name and Address of New Registered Agent Name: Chris tophe w. Reyno lds Street Address (P.O. Box Number is Not Acceptable) 11871 Rye Key Dr City: Cedar Key, FL Zip Code: 32625

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

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME REYNOLDS, CHRISTOPHER W	
STREET ADDRESS 11871 RYE KEY DR	
CITY-ST-ZIP CEDAR KEY FL 32625	
TITLE V	<input type="checkbox"/> Delete
NAME SEYFERT, LINDA L	
STREET ADDRESS 11871 RYE KEY DR	
CITY-ST-ZIP CEDAR KEY FL 32625	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  christophw. Reyno lds	Date 2/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 352-543-0300