

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 006 ***150.00

DOCUMENT # P04000021872 1. Entity Name SHEARBURN, INC.					
Principal Place of Business 3834 SAN BRUNO RD N PORT, FL 34286			Mailing Address 3834 SAN BRUNO RD N PORT, FL 34286		
2. Principal Place of Business 2430 PINEHURST ST		3. Mailing Address 2430 PINEHURST ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA		City & State SARASOTA			
Zip 34231		Country U.S.		Zip 34231	
Country U.S.		Country U.S.			
4. FEI Number 20-0704432			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHEARBURN, MIKEL 3834 SAN BRUNO RD N PORT, FL 34286			7. Name and Address of New Registered Agent Name SHEARBURN, MIKEL Street Address (P.O. Box Number is Not Acceptable) 2430 PINEHURST ST. City SARASOTA FL Zip Code 34231		
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 MIKEL SHEARBURN PRESIDENT <i>Mikel Shearburn</i> 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SHEARBURN, MIKEL 3834 SAN BRUNO RD N PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mikel Shearburn</i> MIKEL SHEARBURN PRESIDENT 4/21/06 1-941-234-6466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					