2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000038804 1. Entity Name SHAWN P. WRIGHT, INC. Principal Place of Business Mailing Address 1903 SEVILLE STREET 1903 SEVILLE STREET MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 34-1990164 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, SHAWN P Street Address (P.O. Box Number is Not Acceptable) 1903 SEVILLE STREET MARGARE FL 33063 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition | NAME WRIGHT, SHAWN P NAME U00000548194 STREET ADDRESS 1903 SEVILLE STREET STREET ADDRESS 05/12/06-80053-008 15D.OT CITY - ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete THIE ☐ Change Addition NAME WRIGHT, STEFANIE M MAME STREET ADDRESS 1903 SEVILLE STREET STREET ADDRESS CITY-S1-7/8 MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-MP CITY-ST-ZIP TITLE ☐ Detete ☐ Addition HILLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZP CITY-SI-ZIP DTI F Defete TITLE Change | Addition . NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-70P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Mamony

1 4/17/04

FILED