2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089595

1. Entity Name SHANE WOLF INC.

FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5100 S.CLEVELAND AVE. SUITE#318-330 FT.MYERS, FL 33907 US 5100 S.CLEVELAND AVE. SUITE#318-330 FT.MYERS, FL 33907 US



DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1262677

Solution of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fige Required

6. Name and Address of Current Registered Agent

WOLF, SHANE F OWNER 5100 S.CLEVELAND AVE. SUITE#318-330 FT.MYERS, FL 33907			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Fiorida. I am familiar v	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tite.	f applicable (NOTE, Registered	Agent agnatura renuired when reinstating)	DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10. Title Name Street address City-St zip	P WOLF, SHANE F OWNER 5100 S.CLEVELAND AVE.SUITE#318 FT.MYERS, FL 33907	·-		-	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				U00000534152 05/06/06-80149-01	9 158.75
TITLE KAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY ST ZIP			IN [*]	THIS SPACE	
nite Name Street address City-st zip					
TITLE 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 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 optrustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

239-560-0057