2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# P04000093807

Entity Name: THE SHAUGHNESSY GROUP, INC.

Current Principal Place of Business:

P.O. BOX 1051
MELROSE, FL 32666

New Principal Place of Business:

3820-2 WILLIAMSBURG PARK BLVD
JACKSONVILLE, FL 32257

Current Mailing Address:

P.O. BOX 1051
MELROSE, FL 32666

New Mailing Address:

PO BOX 195
LAWTEY, FL 32058

FEI Number: 02-0730089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 326022759 US

Name and Address of New Registered Agent:

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: ANTHONY J SALZMAN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHACKLEFORD, ROBERT D
Address: POB 1051
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: SHACKLEFORD, STEVE
Address: POB 1051
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHACKLEFORD, ROBERT D
Address: POB 195
City-St-Zip: LAWTEY, FL 32058

Title: D (X) Change ( ) Addition
Name: SHACKLEFORD, STEVE
Address: POB 195
City-St-Zip: LAWTEY, FL 32058

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT D SHACKLEFORD D 10/12/2007
Electronic Signature of Signing Officer or Director Date