2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2006
Secretary of State

DOCUMENT# P04000148049

Entity Name: LINDA M. SHELMAN, P.A.

Current Principal Place of Business:

1202 SE 20TH CT
CAPE CORAL, FL 33990

New Principal Place of Business:

1504 NW 36TH AVE.,
CAPE CORAL, FL 33993

Current Mailing Address:

1202 SE 20TH CT
CAPE CORAL, FL 33990

New Mailing Address:

1504 NW 36TH AVE.,
CAPE CORAL, FL 33993

FEI Number: 20-1806562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELMAN, LINDA M
1202 SE 20TH CT
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

SHELMAN, LINDA M
1504 NW 36TH AVE.,
CAPE CORAL, FL 33993 US

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: LINDA SHELMAN 02/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: SHELMAN, LINDA M
Address: 1202 SE 20TH CT
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: SHELMAN, LINDA M
Address: 1504 NW 36TH AVE.,
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA SHELMAN PS 02/04/2006
Electronic Signature of Signing Officer or Director Date