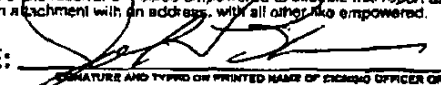


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FORRESTER HA

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 11, 2006 8:00 am
Secretary of State

04-26-2006 90192 040 ***150.00

DOCUMENT # P04000166155					
1. Entity Name HENSHAW AND ASSOCIATES, INC.					
Principal Place of Business 1720 DIXIE BEACH BLVD 2440 Palm Ridge Rd SANIBEL, FL 33957			Mailing Address 1720 DIXIE BEACH BLVD 2440 Palm Ridge Rd SANIBEL, FL 33957		
2. Principal Place of Business 2440 Palm Ridge Rd			3. Mailing Address 2440 Palm Ridge Rd		
Suite, Apt. #, etc. Suite #7			Suite, Apt. #, etc. Suite #7		
City & State Sanibel FL			City & State Sanibel FL		
Zip 33957		Country		Zip 33957	
				Country	
4. FEI Number 20-2086308				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENSHAW, JOHN L 1720 DIXIE BEACH BLVD 461 Lighthouse Way SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HENSHAW, JOHN L		NAME		
STREET ADDRESS	1720 DIXIE BEACH BLVD 461 Lighthouse Way		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
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TITLE		☐ Delete	TITLE		
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 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 who are empowered.					
SIGNATURE: 			4/24/06 239-395-2023		
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR			Date Day/Mo/Yr		

b0010000



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