

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-22-2006 90002 014 ***150.00

P05000035208

FILED

06 JUN 23 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/05)

DOCUMENT # P05000035208 1. Entity Name SHAWN MCLAUGHLIN ENTERPRISES, INC.					
Principal Place of Business 131 BODARVEY DR ORMOND BEACH FL 32176			Mailing Address 131 BODARVEY DR ORMOND BEACH FL 32176		
2. Principal Place of Business 131 BOSARVEY DR		3. Mailing Address 131 BOSARVEY DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCLAUGHLIN, SHAWN 131 BODARVEY DR ORMOND BEACH FL 32176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituted) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCLAUGHLIN, SHAWN <input type="checkbox"/> Delete 131 BODARVEY DR ORMOND BEACH FL 32176		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131 BOSARVEY DR.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
SIGNATURE: <i>Shawn Mclaughlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-31-06 Date Daytime Phone #		

ATTACHMENT ATTACHMENT

40096682

Monday, June 19, 2006

#P03 880035-208

To Whom it may concern:

I Ms. Shawn M. McLaughlin have been a victim of fraud. I am a new business owner, and sent my \$ 150.00 Annual Report fee to a fraudulent Company. The State has verified this for me, I am in contact with Attn. General's office on this matter. I have sent the original copies to the Attn. General's office, address is as follows. The Capitol PL-01 Tallahassee, Fl. 32399-1050. Please forgive the late fee as I didn't know of such a criminal act.

Thanks for your time.

Ms. Shawn M. McLaughlin

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