2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107778

761 FIFTH AVENUE SOUTH

NAPLES, FL 34102 US

Address:

City-St-Zip:

Entity Name: SHAW GALLERY OF BONITA SPRINGS, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8200 HEALTH CENTER BOULEVARD #103 BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** 8200 HEALTH CENTER BOULEVARD BONITA SPRINGS, FL 34135 FEI Number: 20-3259398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAW, BARBARA 761 FIFTH AVENUE SOUTH NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition SHAW, BARBARA Name: Name: 761 FIFTH AVENUE SOUTH Address: Address: City-St-Zip: NAPLES, FL 34102 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: SHAW, BARBARA Name:

Address:

City-St-Zip:

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: BARBARA SHAW PRES 03/24/2009