## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000132248

748 LAKESIDE DR.

MOBILE, AL 36693 US

Address:

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

| Entity Nai   | me: THE SHU   | JLER GROUP, INC.                 |   |  |       |  |
|--|---|----------------------------------|---|--|-------|--|
| Current P  | rincipal Place  | of Business:                     | New Principa                                | New Principal Place of Business:   |       |  |
| 273 AZALE<br>SUITE 2-2<br>MOBILE, A                            | 04  | s                                |   |  |       |  |
| Current M  | lailing Addres  | s:                               | New Mailing A                               | New Mailing Address:   |       |  |
| 273 AZALE<br>SUITE 2-2<br>MOBILE, A                            | 04  | S                                |   |  |       |  |
| FEI Number:  | : 20-5769068  | FEI Number Applied For ( )       | FEI Number Not Applicab                     | le ( ) Certificate of Status Desired (   | )     |  |
| Name and   | Address of C  | Current Registered Agent:        | Name and Ad                                 | Name and Address of New Registered Agent:  |       |  |
| SHULER, PAUL<br>2475 E NINE MILE RD.<br>PENSACOLA, FL 32514 US |   |                                  | 813 DELTONA<br>BOX 1357009                  | ALL FLORIDA FIRM, INC.<br>813 DELTONA BLVD, STE A<br>BOX 1357009<br>DELTONA, FL 32725 US |       |  |
|  | named entity see of Florida.                              | submits this statement for the p | urpose of changing its re                   | egistered office or registered agent, or l   | both, |  |
| SIGNATUR   | RE: DEVIN NI  | EWMAN FOR ALL FLORIDA F          | IRM   | 03/25/2009   |       |  |
|  | Electron  | ic Signature of Registered Age   | ent   | Date   |       |  |
| Election Car   | npaign Financing  | g Trust Fund Contribution ( ).   |   |  |       |  |
| OFFICERS AND DIRECTORS:  |   |                                  | ADDITIONS/C                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                    | P/D ( )<br>SHULER, PAUL<br>748 LAKESIDE<br>MOBILE, AL 36  | DR.                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                    | VP/D ( )<br>SPIKES, KENN<br>748 LAKESIDE<br>MOBILE, AL 36 | DR.                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                    | T ()<br>WEIS, MEREDI<br>748 LAKESIDE<br>MOBILE, AL 36     | DR.                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |       |  |
| Title:<br>Name:  | S ()<br>RUTZ, NANCY                                       | Delete                           | Title:<br>Name:                             | ( ) Change ( ) Addition  |       |  |

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.

Address:

City-St-Zip:

SIGNATURE: DEVIN NEWMAN FOR PAUL SHULER Ρ 03/25/2009