2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005047

Entity Name: SHAW AERO REALTY CORPORATION

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3570 SHAW BOULEVARD 25190 BERNWOOD DRIVE

NAPLES, FL 34117 US BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

3570 SHAW BOULEVARD

NAPLES, FL 34117 US

25190 BERNWOOD DRIVE
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0371031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOETTEL, THOMAS
3570 SHAW BOULEVARD
NAPLES, FL 34117 US
GOETTEL, THOMAS
25190 BERNWOOD DRIVE
BONITA SPRINGS, FL 34135 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: 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: SHAW, JAMES R SHAW, JAMES R

Address: 563 EAGLE CREEK DR. Address: 563 EAGLE CREEK DR. City-St-Zip: NAPLES, FL 34113

Title: S () Delete Title: S (X) Change () Addition Name: SHAW, FRANCIA Name: SHAW, FRANCIA

Address: 563 EAGLE CREEK DR. Address: 563 EAGLE CREEK DR. City-St-Zip: NAPLES, FL 34113

Title: VP () Delete Title: () Change () Addition

 Name:
 HAWKESWORTH, PAMELA C
 Name:

 Address:
 9529 WINTERVIEW DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 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: JAMES R SHAW DIR 04/15/2009