
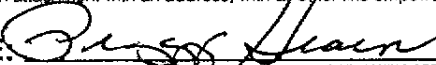


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000045376 1. Entity Name SHOPPING SHED, INC.		
Principal Place of Business 16810 SW WARFIELD INDIANTOWN, FL 34956 US		Mailing Address P.O. BOX 1770 INDIANTOWN, FL 34956-1770
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEARN, PEGGY 15914 S.W. OSCEOLA INDIANTOWN, FL 34956		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000552846 05/15/06-80028-009 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	HEARN, PEGGY A	
STREET ADDRESS	15914 S.W. OSCEOLA ST	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	STD	
NAME	BLAKELEY, JOSEPH F	
STREET ADDRESS	16515 S.W. THREEWOOD WAY	
CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/20/06 772-260-4603 <small>Date Daytime Phone #</small>