


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90051 030 \*\*\*150.00

<b>DOCUMENT # P97000027794</b>		
1. Entity Name <b>SHAW ENTERPRISES, INC.</b>		

Principal Place of Business <b>12188 OVERSEAS HWY MARATHON, FL 33050 US</b>	Mailing Address <b>P.O. BOX 522578 MARATHON SHORES, FL 33052-2578</b>
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**94026821**

2. Principal Place of Business <b>753 98<sup>th</sup> St., Ocean</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Marathon, FL</b>	City & State
Zip <b>33050</b>	Country <b>USA</b>



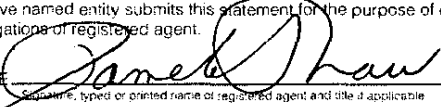
03022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0743045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHAW, PAMELA A 12188 OVERSEAS HWY MARATHON, FL 33050</b>	
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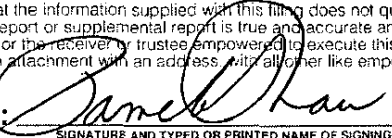
7. Name and Address of New Registered Agent	
Name <b>Pamela A. Shaw</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>753 98<sup>th</sup> St., Ocean</b>	
City <b>Marathon</b>	FL Zip Code <b>33050</b>

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 	DATE <b>3/5/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAW, DAVID E P.O. BOX 522578 N/A MARATHON SHORES, FL 330522578</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAW, PAMELA A P.O. BOX 522578 N/A MARATHON SHORES, FL 330522578</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 	<b>Pamela Shaw V.P./Treas./Sec. 3/5/04 305-743-9049</b>