
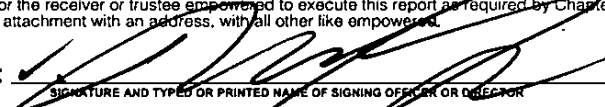


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 029 ***150.00

DOCUMENT # P97000034629 1. Entity Name THE ANNUITY SHOPPE, INC,																																																					
Principal Place of Business 2536 COUNTRYSIDE BOULEVARD SIXTH FLOOR CLEARWATER, FL 33763			Mailing Address 2536 COUNTRYSIDE BOULEVARD SIXTH FLOOR CLEARWATER, FL 33763																																																		
2. Principal Place of Business 2536 Countryside Blvd		3. Mailing Address 2536 Countryside Blvd																																																			
Suite, Apt. #, etc. 6th Floor		Suite, Apt. #, etc. 6th Floor																																																			
City & State Clearwater, FL 33763		City & State Clearwater, FL 33763																																																			
Zip 33763		Country FL		4. FEI Number 59-3448395																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent NORTH, HEATHER L 2536 COUNTRYSIDE BOULEVARD SIXTH FLOOR CLEARWATER, FL 33763			7. Name and Address of New Registered Agent Name 2536 Countryside Blvd Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> ST LAPIERRE, NEAL 2536 COUNTRYSIDE BOULEVARD, 3RD FL CLEARWATER, FL 33763 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPIERRE, NEAL 2536 COUNTRYSIDE BOULEVARD, 3RD FL CLEARWATER, FL 33763	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> Director Neal LaPierre 2536 Countryside Blvd 6th Floor Clearwater, FL 33763 </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Neal LaPierre 2536 Countryside Blvd 6th Floor Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAPIERRE, NEAL 2536 COUNTRYSIDE BOULEVARD, 3RD FL CLEARWATER, FL 33763	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Neal LaPierre 2536 Countryside Blvd 6th Floor Clearwater, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																			
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:  NEAL LAPIERRE 3/20/06 727-726-0724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					