


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000036513</b>		
1. Entity Name <b>WHITTALL &amp; SHON REALTY COMPANY</b>		
Principal Place of Business <b>2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>		Mailing Address <b>2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02282006 No Chg-F CRZE034 (11/05)
4. FEI Number <b>65-0878974</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>WHITTALL, ELIOT 2150 NORTHWEST MIAMI COURT MIAMI, FL 33127</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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  1101000455397 03/15/06-80054-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTALL, ELIOT G 2150 NORTHWEST MIAMI COURT MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHON, RICHARD C 2150 NW MIAMI CT MIAMI, FL 33127	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u>Richard Shon Wine</u> 2/28/06 (305) 576 0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		