

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90300 043 \*\*\*150.00

**60026275**



01092006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000052950</b>	
1. Entity Name <b>SHAWNEE INDUSTRIAL PARTNERS, INC.</b>	



Principal Place of Business <b>2655 NORTH OCEAN DRIVE 300 SINGER ISLAND, FL 33404</b>	Mailing Address <b>2655 NORTH OCEAN DRIVE 300 SINGER ISLAND, FL 33404</b>
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2. Principal Place of Business <b>11911 US Highway one Suite, Apt. #, etc. Suite 201</b>		3. Mailing Address <b>11911 US Highway one Suite, Apt. #, etc. Suite 201</b>	
City & State <b>NORTH Palm Beach</b>		City & State <b>NORTH Palm Beach</b>	
Zip <b>33408</b>	Country <b>USA</b>	Zip <b>33408</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent <b>STEINBERG, JOE 2655 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404</b>	
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4. FEI Number <b>65-0846668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name <b>STEINBERG JOE</b> Street Address (P.O. Box Number is Not Acceptable) <b>11911 US Highway one, Suite 201</b> City <b>NORTH Palm Beach</b> FL Zip Code <b>33408</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STEINBERG, JONAS 2655 NORTH OCEAN DRIVE SUITE 300 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11911 U.S. Highway #1 Suite North Palm Beach FL 33408</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: **Jonas Steinberg** Date: **1/24/06** 561-3559158  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #