


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90098 014 \*\*\*150.00

<b>DOCUMENT # P99000079051</b>					
<b>1. Entity Name</b> SHACKS BBQ, INC.					
<b>Principal Place of Business</b> 6120 LAKE WORTH ROAD GREENACRES, FL 33463			<b>Mailing Address</b> 6911 VISTA PKWY NORTH WEST PALM BEACH, FL 33411		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2731 Vista Parkway			
Suite, Apt. #, etc.		Suite, Apt. #, etc. D-10			
<b>City &amp; State</b>		<b>City &amp; State</b> West Palm Beach FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33411	<b>Country</b>	<b>4. FEI Number</b> 65-0949933	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  WALKER, MICHAEL B 777 BRICKELL AVE STE 900 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D WILLIAMS, JERRY W 6911 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2731 Vista Parkway D-10 West Palm Beach FL 33411	
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<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.</b>					
<b>SIGNATURE:</b> <i>J. Todd Williams</i>			J. Todd Williams		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4-7-06</i> Daytime Phone # <i>561-697-4888</i>		