


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
07 SEP 12 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000004669</b>					
1. Entity Name <b>SHAREVIVAL INCORPORATED</b>					
Principal Place of Business 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL-33707			Mailing Address 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL 33707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>83-0359746</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOHRER, DALLAS L 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL 33707			Name		
			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 <u>Dallas Bohrer</u>				DATE <b>8-8-07</b>	
Filing Fee is <b>\$61.25</b> Due by <b>September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	BOHRER, DALLAS L		<input type="checkbox"/> Delete		
STREET ADDRESS	4923 1/2 20TH AVENUE SOUTH				
CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE V	STILLWELL, LISA		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS	4923 1/2 20TH AVENUE SOUTH				
CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE T	STANLEY, MICHAEL		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS	5001 20TH AVENUE S.				
CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE S	MEADOW, JULIA M		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS	5001 20TH AVENUE S.				
CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
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TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



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4. FEI Number **83-0359746** Applied For  Not Applicab

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOHRER, DALLAS L 4923 1/2 20TH AVENUE SOUTH GULFPORT, FL 33707		Name	
		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 Dallas Bohrer DATE **8-8-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **September 14, 2007** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	BOHRER, DALLAS L		<input type="checkbox"/> Delete		
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CITY-ST-ZIP	GULFPORT, FL 33707				
TITLE V	STILLWELL, LISA		<input checked="" type="checkbox"/> Delete		
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dallas Bohrer DATE: **08-08-07**  
Signature and typed or printed name of signing officer or director