


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000001991

1. Entity Name
SCHAR HOLDINGS, INC.



Principal Place of Business 505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US	Mailing Address 505 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US
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01102007 No Chg-P CR2E034 (11/05)

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4. FEI Number 54-1744009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOCHMAN, RONALD S
 222 LAKEVIEW AVENUE
 SUITE 950
 WEST PALM BEACH, FL 33401**

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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 _____
Signature, name and address of registered agent and fee case. (If FEI, registered agent's name is required with company.)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P,T SCHAR, DWIGHT C 505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY ST ZIP	S SCHAR, MARTHA M 505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401
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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:  **1/17/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR