Jan 31, 2008 8:00 am 2008 FOR PROFIT CORPORATION **ANNUAL REPORT Secretary of State DOCUMENT # P05000001991** 01-31-2008 90028 003 ***150.00 SCHAR HOLDINGS, INC. Principal Place of Business Mailing Address 505 SOUTH FLAGLER DRIVE **505 SOUTH FLAGLER DRIVE** SUITE 900 SUITE 900 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 US CR2E034 (11/05) 01112008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-1744009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KOCHMAN, RONALD S DO NOT WRITE 222 LAKEVIEW AVENUE SUITE 950 IN THIS SPACE WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE PT SCHAR, DWIGHT C NAME STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 900 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE SCHAR, MARTHA M NAME STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 900 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT) F

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE

FILED