2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000015507

1. Entity Name

SHARPER IMAGE REALTY, INC.



Principal Place of Business

3541 NW 33RD-TERRACE

HOLLYWOOD, FL 33021

21460 CAMPS ALLEGOS DA

Mailing Address

3541 N 33RD TERRACE

HOLLYWOOD, FL 33021 21460 CAMPS AUGGRO DR.

BOCA RATUN FL 33433

FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90342 006 ***150.00

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No Cha-P

CR2E034 (10/03)

4. FEI Number 65-1080185 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAUHER, FREDRIC D

3541 NORTH 33RD TERRA€E

HOLLYWOOD, FL-33021

1180 S. OCEAN BLUD. #17F

BOCA RATUNIFL 33432

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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
٠.	the obligations of registered agent.	
: Sli	SNATURE Fredric W. Junker V. P.	4-112/05
.,	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

2.5					
10. 🕝 👀	, OFFICERS	S AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRUHER, EILEEN 3641 N 33RD TERRACE HOLLYWOOD, FL 33021	11805 11805	- Ocean K	ם אינ 1334 ב	9 <i>F</i>
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 otheralike empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

954 - 648-5949