2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P05000137681** 03-13-2006 90051 018 ***150.00 SHARK REALTY MANAGEMENT, INC. Principal Place of Business Maiting Address 1142 N. US HIGHWAY 1 1142 N. US HIGHWAY 1 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/05) 03082006 4. FEI Number City & State Applied For City & State 0-Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARKEVYCH, SERGIY Street Address (P.O. Box Number is Not Acceptable) 1142 N. US HIGHWAY 1 ORMOND BEACH, FL 32174 City 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. INOTE: Registered Agent storages required when constaling DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ÎNLE ☐ Delete 1m E ☐ Change ☐ Addition SHARKEVYCH, SERGIY NAME NAME STREET ADDRESS 1142 N. US HIGHWAY 1 STREET ADDRESS ORMOND BEACH, FL 32174 CITE ST-23P CITY - ST - 7IP TITLE - ... ☐ Detete TYTLE Change ☐ Addition SHARKEVYCH, SERGIY NAME STREET ADDRESS 1142 N. US HIGHWAY 1 STREET ADORESS CITY-ST- 2P ORMOND BEACH, FL 32174 CITY - ST-ZIP шī Oelets mu ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CLTY-ST-2P MLE ☐ Detete TITLE ☐ Change ☐ Addition MASSE MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mē ☐ Change Addition HALLE MARKE STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY-ST-ZIP TITLE Octob TITLE ☐ Addition ☐ Change HALE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Rorida 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 inustee 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 my address, with all other like empowered.

KTED HAME OF BIGHING OFFICER OR DIRECTOR

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