## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000086467

City-St-Zip:

FILED Jan 21, 2009 Secretary of State

Entity Name: SHARMOUR ENTERPRISES INC. **Current Principal Place of Business: New Principal Place of Business:** 1700 N. DIXIE HWY., STE. 150 BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 1700 N. DIXIE HWY., STE. 150 BOCA RATON, FL 33432 FEI Number: 20-5140803 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAMER, ANDREW KRAMER, ANDREW 1000 S. PÍNE ISLAND RD., STE. 250 490 SAWGRASS CORPORATE PARKWAY PLANTATION, FL 33324 SUITE 100 SUNRISE, FL 33325 US 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. SIGNATURE: 01/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition GILLMAN, SEYMOUR Name: Name: 1700 N. DIXIE HWY., STE. 150 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: SMITH, JANE Name: GILLMAN, SHARON 1700 N. DIXIE HWY., STE. 150 1700 N. DIXIE HWY., STE. 150 Address: Address: BOCA RATON, FL 33432 BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete Name: KRAMER, ANDREW Name: 490 SAWGRASS CORPORATE PARKWAY #100 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SUNRISE, FL 33325 US

Ρ SIGNATURE: SEYMOUR GILLMAN 01/21/2009