

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040931

**Entity Name:** SHARELLE, INC.

**Current Principal Place of Business:**

1400 ALABAMA AVENUE, SUITE 20  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1400 ALABAMA AVENUE, SUITE 20  
WEST PALM BEACH, FL 33401

**FEI Number:** 30-0304141

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BURKHARDT, VINCENT G  
1400 ALABAMA AVENUE, #20  
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PT  
Name BURKHARDT, SHARON H  
Address 1400 ALABAMA AVENUE, SUITE 20  
City-State-Zip: WEST PALM BEACH FL 33401

Title VPD  
Name BURKHARDT, VINCENT G  
Address 1400 ALABAMA AVENUE, SUITE 20  
City-State-Zip: WEST PALM BEACH FL 33401

Title VPS  
Name HAYNES, LORELLE S  
Address 1400 ALABAMA AVENUE, SUITE 20  
City-State-Zip: WEST PALM BEACH FL 33401

Title VPD  
Name HAYNES, DENNIS  
Address 1400 ALABAMA AVENUE, SUITE 20  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHARON BURKHARDT

PT

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date