

To: FI Dept. of State  
Subject: 000150.45089

From: Trans Speaker

Wednesday, December 7, 2005 3:00 PM Page: 1 of 5

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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FOREIGN PROFIT QUALIFICATION

SHIEPROON, INC

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Certificate of Status	0
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To: FI Dept. of State  
Subject: 000150.45089

From: Tracy Spear

Wednesday, December 07, 2005 3:00 PM Page: 2 of 5

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12/7/2005 9:06

PAGE 001/001

Florida Dept of State

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December 7, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: SHEPROON, INC.  
REF: W05000053919

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

FAX Aud. #: H05000279233  
Letter Number: 005A00070726

RECEIVED  
05 DEC -7 PM 3:20  
DIVISION OF CORPORATION

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

P.O BOX 6327 - Tallahassee, Florida 32314

H05000279233 3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SHEPROON, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/21/2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 555 Wilson Avenue, Toronto, Ontario M3H 5Y6  
(Principal office address)
- 555 Wilson Avenue, Toronto, Ontario M3H 5Y6  
(Current mailing address)

8. Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CorpDirect Agents, Inc.

Office Address: 515 E. Park Avenue

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Eubel

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

H05000279233 3

H05000279233 3

**A. DIRECTORS**

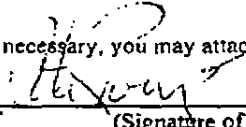
Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: Thomas Sheppard  
Address: 488 Huron St.  
Toronto, Ontario M5R 2R3  
\_\_\_\_\_  
Director: Peter Rooney  
Address: 376 Kennedy St. West  
Aurora, Ontario L4G 5M6  
\_\_\_\_\_

2005 DEC -6 AM 10:56  
ALL INFORMATION  
FLORIDA

**B. OFFICERS**

President: Thomas Sheppard  
Address: 488 Huron St.  
Toronto, Ontario M5R 2R3  
\_\_\_\_\_  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Secretary: Peter Rooney  
Address: 376 Kennedy St. West, Aurora, Ontario L4G 5M6  
\_\_\_\_\_  
Treasurer: Peter Rooney  
Address: 376 Kennedy St. West, Aurora, Ontario L4G 5M6  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)  
14. PETER ROONEY, SECRETARY TREASURER  
(Typed or printed name and capacity of person signing application)

H05000279233 3

H05000279233 3

*Delaware*

PAGE 1

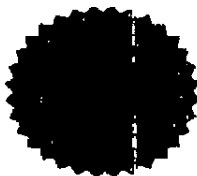
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHEPROON, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHEPROON, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
2005 DEC -6 AM 10:56  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4345718

DATE: 12-06-05  
H05000279233 3