2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# F36467

Entity Name: SHARON T. INCORPORATED

Current Principal Place of Business:

% SHARON T WOLK
2004 N.E. 5TH AVENUE
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

% SHARON T WOLK
2004 N.E. 5TH AVENUE
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2098096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLK, SHARON T
004 N.E. 5TH AVENUE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: LURIA, SIDNEY B,
Address: 124 AVALON CIRCLE
City-St-Zip: WATERBURY, CT 00000,

Title: DP ( ) Delete
Name: WOLK, SHARON T,
Address: 7151 LOCKWOOD ROAD
City-St-Zip: LAKEWORTH, FL

Title: ST ( ) Delete
Name: WOLK, ADELE,
Address: 3659 POINCIANIA DR.
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: LURIA, SIDNEY B
Address: 124 AVALON CIRCLE
City-St-Zip: WATERBURY,, CT 06710 US

Title: DP (X) Change ( ) Addition
Name: WOLK, SHARON T
Address: 7151 LOCKWOOD ROAD
City-St-Zip: LAKEWORTH, FL 33467 US

Title: ST (X) Change ( ) Addition
Name: WOLK, ADELE
Address: 3659 POINCIANIA DR.
City-St-Zip: LAKE WORTH, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHARON T. WOLK PRES 04/12/2004

Electronic Signature of Signing Officer or Director — Date