

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000005067

1. Entity Name
SHARK TECHNOLOGY, INC.



Principal Place of Business
**8601 SIX FORKS ROAD
SUITE 400
RALEIGH, NC 27615 US**

Mailing Address
**8601 SIX FORKS ROAD
SUITE 400
RALEIGH, NC 27615 US**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-1572800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DODGE, FRANK J.
3913 LAKE JOYCE DR.
LAND O' LAKES, FL 34639**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WATKINS, TIMOTHY M 10708 CAHILL ROAD RALEIGH, NC 27614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATKINS, RENEE F 10708 CAHILL ROAD RALEIGH, NC 27614
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02/01/07-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2007 919-686-6812
Date Daytime Phone #