

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36086

Entity Name: SHARP CONCEPTS, INC.

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

272 BLUEGRASS DR.  
HENDERSONVILLE, TN 37075

**New Principal Place of Business:**

**Current Mailing Address:**

272 BLUEGRASS DR.  
HENDERSONVILLE, TN 37075

**New Mailing Address:**

FEI Number: 59-2700802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARP, JOYCE  
2511 E COLONIAL BLVD  
ORLANDO, FL 32803 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: PD ( ) Delete  
Name: SHARP, JOYCE  
Address: 272 BLUEGRASS DR.  
City-St-Zip: HENDERSONVILLE, TN 37075

Title: D ( ) Delete  
Name: SHARP, GARY  
Address: 272 BLUEGRASS DR.  
City-St-Zip: HENDERSONVILLE, TN 37075

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JOYCE SHARP

PRES

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date