2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #K32687** 04-23-2007 90051 017 ***158.75 1. Entity Name SHEROY INC. Principal Place of Business Mailing Address 19527 INDIAN MOUNDS DRIVE 19527 INDIAN MOUNDS DR SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 CR2E034 (11/05) 04182007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0105576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARSON, SHERI LEE DO NOT WRITE 19527 INDIAN MOUNDS DRIVE SUMMERLAND KEY, FL 33042 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 revisitating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CARSON, ROY HIII NAME 19527 INDIAN MOUNDS DRIVE STREET ADDRESS CITY-ST-ZIP SUMMERLAND KEY, FL TITLE CARSON, SHERI LEE NAME 19527 INDIAN MOUNDS STREET ADDRESS CITY-ST-ZP SUMMERLAND KEY, FL TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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