2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061908

1. Entity Name SHEER IMPACT LLC



Principal Place of Business

P.O. BOX 486 SARASOTA, FL 34230 Mailing Address

P.O. BOX 486 SARASOTA, FL 34230 FILED Feb 26, 2007 08:00 AM Secretary of State



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4. FEI Number	Applied For
56-2479301	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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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 eignature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000648410 03/07/07-80008-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGRM SILVER, GRETA
STREET ADDRESS	P.O. BOX 486
CITY-ST-ZIP	SARASOTA, FL. 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G 1000 17, 12 34200
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby	certify that the information supplied with his illing does not gualify for the e

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this fling does not guaffy for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and beat my signatural may have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to expect the true this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF GIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

411/07

Daytime Phone #