


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90043 002 ***277.50

DOCUMENT # L67800 1. Entity Name SCHARSEA, INC.	
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Principal Place of Business 3 SW 129TH AVE. 400 PEMBROKE PINES, FL 33027 US	Mailing Address 3 SW 129TH AVE. 400 PEMBROKE PINES, FL 33027 US
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66000550

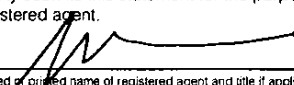
2. Principal Place of Business - No P.O. Box # 3 SW 129 AVENUE Suite, Apt. #, etc. c/o IRA D. KAPLAN City & State PEMBROKE PINES, FL Zip 33027 Country USA	3. Mailing Address 3 SW 129 AVENUE Suite, Apt. #, etc. c/o IRA D. KAPLAN City & State PEMBROKE PINES, FL Zip 33027 Country USA
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01112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0191590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SERNS, DAVID R. 2040 NE 163RD STREET SUITE 302 NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name IRA D. KAPLAN Street Address (P.O. Box Number is Not Acceptable) 3 SW 129 AVENUE City PEMBROKE PINES, FL Zip Code 33027
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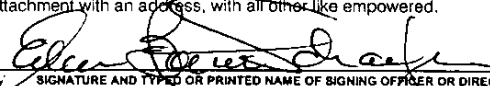
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFER, ROWLAND 3 SW 129TH AVE. PEMBROKE PINES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID MARLA L. SCHAEFER 60 EAST END AVENUE, #21C NEW YORK, NY 10028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAPLAN, IRA D. 3 SW 129TH AVE. PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STID IRA D. KAPLAN 3 SW 129 AVENUE PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPID ETILEEN BONNIE SCHAEFER 2070 N. OCEAN BLVD, #2 BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTA WALLER 3 COLONIAL DRIVE UPPER BROOKVILLE, NY 11545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **1/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #