2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L98050

1. Entity Name
SHARPE PROJECT DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US	1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US

01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3027669
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, ORLANDO
1212 S. ANDREWS AVENUE
SUITE 203
FT LAUDERDALE, FL 33316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000819153
02/15/08-80071-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SHARPE, ORLANDO
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	VP
NAME	SCHOPP, DAVID A
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERADALE, FL 33316
TITLE	SEC
NAME	SICILIANO, KIMBERLEY J
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	TRES
NAME	SHARPE, ORLANDO
STREET ADDRESS	1212 S. ANDREWS AVENUE, SUITE 203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 1/29/08 954-832-5095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #