

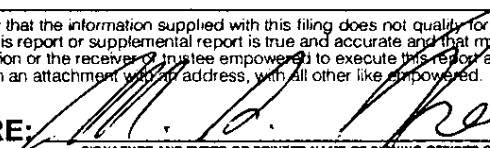


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90024 012 ***158.75

DOCUMENT # M47746 1. Entity Name SHEEP WORLD, INCORPORATED					
Principal Place of Business 3152 NE FEDERAL HWY. JENSEN BEACH, FL 34957 US			Mailing Address 3152 NE FEDERAL HWY. JENSEN BEACH, FL 34957 US		
2. Principal Place of Business - No P.O. Box # 341 Tuscany Way Suite, Apt. #, etc. 205		3. Mailing Address 341 Tuscany Way Suite, Apt. #, etc. 205		40036316 	
City & State McLaurine FL		City & State McLaurine Florida		4. FEI Number 59-2782455	
Zip 32940		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES MICHAEL F. 825 SW CANARY TERRACE PORT SAINT LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSDT HUGHES, MICHAEL 825 SW CANARY TERRACE PORT SAINT LUCIE, FL 34953		<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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 my address, with all other like empowered.					
SIGNATURE: 			Date 3/7/07 Daytime Phone # 321-253-1132		