
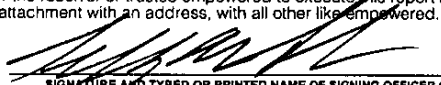


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90009 019 ****61.25

DOCUMENT # N00000002372 1. Entity Name THE SHAARA FOUNDATION, INC.					
Principal Place of Business % MORRIS H. MILLER 315 SO. CALHOUN STREET STE.600 TALLAHASSEE, FL 32301				Mailing Address P.O. BOX 16445 MISSOULA, MT 59808	
2. Principal Place of Business		3. Mailing Address 3539 Apalachee Pkwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 3, #225			
City & State 		City & State Tallahassee FL			
Zip 	Country 	Zip 32311	Country USA	4. FEI Number 59-3640810	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILLS, RICHARD P 701 BRICKELL AVE.,STE.3000 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAARA, JEFFREY M <input checked="" type="checkbox"/> Delete P.O. BOX 16445 MISSOULA, MT 59808		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shaara, Jeffrey M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3539 Apalachee Pkwy, suite 3 - #225 Tallahassee, FL 32311	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAARA, LYNNE L <input checked="" type="checkbox"/> Delete P.O. BOX 16445 MISSOULA, MT 59808		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shaara, Helen K. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1344 Hollow Oak Cir. Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RALPH <input type="checkbox"/> Delete 518 LIVE OAK LANE HAVANNA, FL 32333		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	
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 617, 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:  Jeffrey M. Shaara Feb 16 2006 850-877-8883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					