2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N00000002372

Entity Name: THE SHAARA FOUNDATION, INC.

Current Principal Place of Business:

% MORRIS H. MILLER
315 SO. CALHOUN STREET STE.600
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

3539 APALACHEE PKWY
SUITE 3 #225
TALLAHASSEE, FL 32311

New Mailing Address:

244 SHOPPING AVE #315
SARASOTA, FL 34237

FEI Number: 59-3640810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILLS, RICHARD P
701 BRICKELL AVE.,STE.3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAARA, JEFFREY M
Address: 3539 APALACHEE PKWY, SUITE 3 #225
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: SHAARA, HELEN K
Address: 1344 HOLLOW OAK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: JOHNSON, RALPH
Address: 518 LIVE OAK LANE
City-St-Zip: HAVANNA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHAARA, JEFFREY M
Address: 244 SHOPPING AVE #315
City-St-Zip: SARASOTA, FL 34237

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHNSON, RALPH
Address: 218 LIVE OAK LANE
City-St-Zip: HAVANNA, FL 32333

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY M. SHAARA D 01/08/2008

Electronic Signature of Signing Officer or Director — Date