

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006391

FILED
Feb 16, 2006
Secretary of State

Entity Name: SHARING CENTER PROPERTIES, INC.

Current Principal Place of Business:

600 N HWY 17-92 - STE 158
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

600 N HWY 17-92 - STE 158
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-1301131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JAMES
600 N HWY 17-92 - STE 158
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BROWN, NANCY
600 N HWY 17-92 - STE 158
LONGWOOD, FL 32750 US

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: NANCY BROWN

02/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, NANCY J
Address: 1474 HIDDEN RIDGE COVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: DRAKESMITH, JOHN W
Address: 319 VISTA OAK DR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: FROELICH, WILLIAM D
Address: 522 ASTRIA ST
City-St-Zip: ALTAMONTE SPTINGS, FL 32701

Title: D () Delete
Name: SCARFO, MICHAEL D
Address: 1314 WINTER SPRINGS BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: WILLIAMS, J H
Address: 4969 COURTLAND LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: WHITEFIELD, T
Address: 801 E SR 434
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY BROWN

T

02/16/2006

Electronic Signature of Signing Officer or Director

Date