2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N06000006687

Entity Name: SHELDON OFFICE PARK, INC.

Current Principal Place of Business:

4805 WEST LAUREL STREET SUITE 210
TAMPA, FL 33607

New Principal Place of Business:

4805 WEST LAUREL STREET
SUITE 210
TAMPA, FL 33607

Current Mailing Address:

4805 WEST LAUREL STREET SUITE 210
TAMPA, FL 33607

New Mailing Address:

4805 WEST LAUREL STREET
SUITE 210
TAMPA, FL 33607

FEI Number: 20-5541740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RILEY, STEVEN P
4805 WEST LAUREL STREET SUITE 210
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RILEY, STEVEN P
4805 WEST LAUREL STREET
SUITE 230
TAMPA, FL 33607 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: _____ 03/08/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RILEY, STEVEN P
Address: 4805 WEST LAUREL STREET SUITE 210
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: WITTNER, JONATHAN I
Address: 4805 WEST LAUREL STREET SUITE 210
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: DACHS, SUSAN
Address: 4805 WEST LAUREL STREET SUITE 210
City-St-Zip: TAMPA, FL 33607

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:

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: SUSAN L. DACHS D 03/08/2007
Electronic Signature of Signing Officer or Director — Date