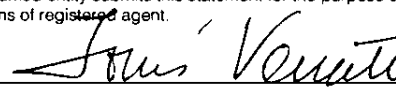
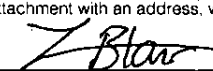


FILED
Apr 09, 2007 8:00 am
Secretary of State

40004101

DOCUMENT # N06000010273						04-09-2007 90088 013 ****61.25	
1. Entity Name NEEDSHARING, INC.							
Principal Place of Business 2179 TURPINETINE ROAD MIMS, FL 32754				Mailing Address P.O. BOX 345 MIMS, FL 32754			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZITZKA, JOSEPH W 215 NORTH EOLA DRIVE ORLANDO, FL 32801				Name LOUIS VENUTI			
				Street Address (P.O. Box Number is Not Acceptable) 400 ORANGE ST			
				City TITUSVILLE FL Zip Code 32796			
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  LOUIS VENUTI				4-5-07			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007				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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIR, TITUS			NAME			
STREET ADDRESS	P.O. BOX 345			STREET ADDRESS			
CITY-ST-ZIP	MIMS, FL 32754			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIR, NATALIE			NAME			
STREET ADDRESS	P.O. BOX 345			STREET ADDRESS			
CITY-ST-ZIP	MIMS, FL 32754			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAIR, LUKE			NAME			
STREET ADDRESS	20702 EL TORO ROAD SUITE 164			STREET ADDRESS			
CITY-ST-ZIP	LAKE FOREST, CA 92630			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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:  Titus Blair				4/5/07			
Signature and typed or printed name of signing officer or director				Date			
				Daytime Phone #			