2006 NOT-FOR-PROFIT CORPORATION

Jan 10, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # N36009** 01-10-2006 90022 010 ****70.00 1. Entity Name SHARE FOUNDATION INCORPORATED Principal Place of Business Mailing Address % JOSEPH B. DOERR % JOSEPH B. DOERR 4242 GRANT BLVD. 4242 GRANT BLVD. ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-2981087 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOERR, JOSEPH B. Street Address (P.O. Box Number is Not Acceptable) 4242 GRANT BOULEVARD ORLANDO, FL 32804 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change Addition TITLE ☐ Delete TITLE DOERR, JOSEPH B. NAME NAME 4242 GRANT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME DOERR, PEGGY J. NAME STREET ADDRESS 4242 GRANT BLVD. STREET ADDRESS ORLANDO, FL CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE JESSEN, THOMAS M., JR. NAME NAME 5415 KENYON ROAD STREET ADDRESS STREET ADDRESS ORLANDO, FL CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE JESSEN, CHARLOTTE G. NAME NAME STREET ADDRESS 5415 KENYON ROAD STREET ADORESS ORLANDO, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DENNING, CLYDE NAME NAME 2000 KILMER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DENNING, VICKY NAME NAME

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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-7IP

2000 KILMER LN

ORLANDO, FL

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Yeary A DENA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1 9 10 G	Daytime Phone #
signature and typed or printed name of signing officer or director	Date	Daytime Phone #