


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90028 033 \*\*\*\*70.00

<b>DOCUMENT # N36009</b>	
1. Entity Name <b>SHARE FOUNDATION INCORPORATED</b>	


Principal Place of Business <b>% JOSEPH B. DOERR 4242 GRANT BLVD. ORLANDO, FL 32804</b>	Mailing Address <b>% JOSEPH B. DOERR 4242 GRANT BLVD. ORLANDO, FL 32804</b>
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2. Principal Place of Business - No P.O. Box # <b>1018 Grier Avenue</b>	3. Mailing Address <b>1018 Grier Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32804-2118</b>	Country <b>Orange</b>
Country <b>Orange</b>	Zip <b>32804-2118</b>

6. Name and Address of Current Registered Agent <b>DOERR, JOSEPH B. 4242 GRANT BOULEVARD ORLANDO, FL 32804</b>	
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**40004306**



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2981087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1018 Grier Avenue</b>	
City <b>Orlando</b>	Zip Code <b>FL 32804-2118</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOERR, JOSEPH B. 4242 GRANT BLVD. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1018 Grier Avenue Orlando, Florida 32804-2118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DOERR, PEGGY J. 4242 GRANT BLVD. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1018 Grier Avenue Orlando, Florida 32804-2118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JESSEN, THOMAS M., JR. 5415 KENYON ROAD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JESSEN, CHARLOTTE G. 5415 KENYON ROAD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNING, CLYDE 2000 KILMER LN ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNING, VICKY 2000 KILMER LN ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] 3/27/08 407-293-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #