2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N96000002665

Entity Name: SHARED BLESSINGS FOUNDATION, INC.

Current Principal Place of Business:

13061 SABAL CHASE ST
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

13061 SABAL CHASE ST
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0667920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSEN, LAWRENCE N
2925 AVENTURA BLVD
SUITE 308
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	OBERLINK, WILLIAM	
Address:	13061 SABAL CHASE ST.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	SD	( ) Delete
Name:	OBERLINK, CHRISTINE	
Address:	13061 SABAL CHASE CT.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	ROSSO, NORBERT	
Address:	4 STRYKER ST	
City-St-Zip:	LAMBERTVILLE, NJ 08530	
Title:	D	( ) Delete
Name:	GOLDSTONE, WENDY	
Address:	1402 APPLE POST RD	
City-St-Zip:	SISTER BAY, WI 54234	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM OBERLINK PRES 06/30/2005

Electronic Signature of Signing Officer or Director — Date