
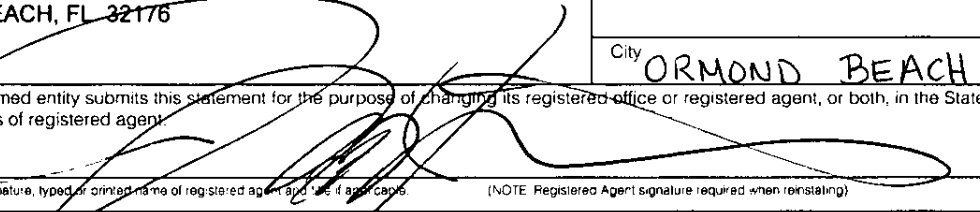


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90178 003 \*\*\*150.00

<b>DOCUMENT # P00000074870</b> 1. Entity Name <b>SPLITSHEETS INC.</b>					
Principal Place of Business <b>2220 OCEAN SHORE BLVD., SUITE #101A ORMOND BEACH, FL 32176 US</b>			Mailing Address <b>2220 OCEAN SHORE BLVD., SUITE #101A ORMOND BEACH, FL 32176 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1033 STONE LAKE DR.</b> Suite, Apt. #, etc.			3. Mailing Address <b>1033 STONE LAKE DR.</b> Suite, Apt. #, etc.		
City & State <b>ORMOND BEACH, FL</b> Zip <b>32174</b>		City & State <b>ORMOND BEACH, FL</b> Zip <b>32174</b>		4. FEI Number <b>59-3668413</b>	
Country <b>FLAGLER</b>		Country <b>FLAGLER</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JIMENEZ, MARCEL 2220 OCEAN SHORE BLVD., SUITE #101A ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name <b>JIMENEZ, MARCEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1033 STONE LAKE DRIVE</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</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  DATE <b>4-1-2007</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JIMENEZ, MARCEL</b> <b>2220 OCEAN SHORE BLVD., #101A</b> <b>ORMOND BEACH, FL 32176</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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03282007 Chg-P CR2E034 (12/06)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  DATE **4-1-2007**