

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90082 035 \*\*\*150.00

<b>DOCUMENT # P02000001584</b> 1. Entity Name <b>SHARP CARTS, INC.</b>			
Principal Place of Business <b>2573 N. FORSYTH RD</b> <b>STE J</b> <b>ORLANDO, FL 32807</b>		Mailing Address <b>2573 N. FORSYTH RD</b> <b>STE J</b> <b>ORLANDO, FL 32807</b>	
2. Principal Place of Business <b>2721 Forsyth Rd.</b> Suite, Apt. #, etc. <b>#161</b> City & State <b>Winter Park FL</b> Zip <b>32792</b> Country <b>US</b>		3. Mailing Address <b>2721 Forsyth Rd.</b> Suite, Apt. #, etc. <b>#161</b> City & State <b>Winter Park FL</b> Zip <b>32792</b> Country <b>US</b>	
		01102006 Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3758381</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>JOHN LOY</b> <b>516 HILLCREST ST.</b> <b>ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PSTD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ADAMS, JUDY MS	NAME	
STREET ADDRESS	2573 N. FORSYTH RD. STE J	STREET ADDRESS	<b>2721 Forsyth Rd. #161</b>
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	<b>WI-P, FL 32792</b>
TITLE	VP	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HAGER, DAVID MR	NAME	
STREET ADDRESS	2573 N. FORSYTH RD. STE J	STREET ADDRESS	<b>2721 Forsyth Rd. #161</b>
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP	<b>WI-P, FL 32792</b>
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 607, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/8/06</b> <b>4076713150</b> Date Daytime Phone #	