


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000049974  
1. Entity Name  
SHARPE FAMILY ENTERPRISES, INC.



Principal Place of Business 4927 SOUTHFORK DR. LAKELAND, FL 33813	Mailing Address 4927 SOUTHFORK DR. LAKELAND, FL 33813
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01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1651739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MUNDY, CRAIG A  
4927 SOUTHFORK DR.  
LAKELAND, FL 33813

**DO NOT WRITE IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000606511  
01/30/07-80081-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHARPE, MARY W 4500 BETHLEHEM RD. MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHARPE, ISHAM M III 5954 WHITEHEAD ROAD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARPE, GARY N 5295 ALBRITTON ROAD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WYNN, LANITA S 5480 ALBRITTON ROAD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARPE, JESSE W 1604 LEIGHTON LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Mary W Sharpe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 (863)428-1374  
Date Daytime Phone #