

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000018494

Entity Name: SHARON'S HAVEN, INC.

FILED
May 04, 2007
Secretary of State**Current Principal Place of Business:**1267 CR 222
WILDWOOD, FL 34785**New Principal Place of Business:****Current Mailing Address:**1267 CR 222
WILDWOOD, FL 34785**New Mailing Address:**

FEI Number: 75-3100446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ANDERSON, SHARON SHENESE
1267 CR 222
WILDWOOD, FL 34785 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: ANDERSON, SHARON SHENESE
Address: 1267 CR 222
City-St-Zip: WILDWOOD, FL 34785Title: STD (X) Delete
Name: WILSON, SANDRA RENEE
Address: 40037 PALM STREET
City-St-Zip: LADY LAKE, FL 32159**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON SHENESE ANDERSON

PD

05/04/2007

Electronic Signature of Signing Officer or Director

Date