

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90008 033 \*\*\*150.00

**DOCUMENT # P03000085539**

1. Entity Name

SHARED BEGINNINGS, INC.



Principal Place of Business

340 8 TERRACE  
VERO BCH FL 32962

Mailing Address

340 8 TERRACE  
VERO BCH FL 32962

2. Principal Place of Business - No P.O. Box #

340 8th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same As In Box #2

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Vero Beach, Fla.

City & State

4. FEI Number

56-2385981

Applied For

Not Applicable

Zip

32962

Country

Indian River

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEIRCE, DALE  
915 OLD DIXIE HWY SW  
VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name

Peirce, Dale

Street Address (P.O. Box Number is Not Acceptable)  
915 Old Dixie Hwy., S.W.

City

Vero Beach,

FL

Zip Code  
32962

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME PEIRCE, TAMMY M  
STREET ADDRESS 340 8 TERRACE  
CITY- ST- ZIP VERO BCH FL 32962

TITLE D ☐ Delete  
NAME PEIRCE, DALE E  
STREET ADDRESS 915 OLD DIXIE HWY SW  
CITY- ST- ZIP VERO BEACH FL 32962

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Tammy Peirce*

Tammy Peirce, RN / Owner 1/24/07 #772-567-1822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #