

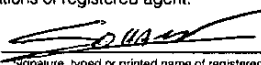
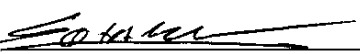


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90474 014 ***150.00

DOCUMENT # P03000090052 1. Entity Name SHARON OHAYUN, INC.					
Principal Place of Business 201 BRIGHTWATER DRIVE UNIT # 3 CLEARWATER BEACH, FL 33767-2422			Mailing Address 201 BRIGHTWATER DRIVE UNIT # 3 CLEARWATER BEACH, FL 33767-2422		
2. Principal Place of Business 222 DOLPHIN POINT SUITE B		3. Mailing Address 222 DOLPHIN POINT SUITE B			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 55-0845707	
Zip 33767-2107		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OHAYUN, SHARON 201 BRIGHTWATER DRIVE UNIT # 3 CLEARWATER BEACH, FL 33767-2422				7. Name and Address of New Registered Agent Name OHAYUN, SHARON Street Address (P.O. Box Number is Not Acceptable) SUITE 222 DOLPHIN POINT # B City CLEARWATER FL Zip Code 33767	
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  SHARON OHAYUN 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OHAYUN, SHARON 201 BRIGHTWATER DRIVE UNIT # 3 CLEARWATER BEACH, FL 33767-2422	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OHAYUN, SHARON 222 DOLPHIN POINT SUITE B CLEARWATER FL 33767-2107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition		
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"/> Addition		
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"/> Addition		
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"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SHARON OHAYUN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/05 <small>Date</small>		(251) 747-2158 <small>Daytime Phone #</small>