

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90001 027 ***158.75

FILED
Jul 15, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P04000016673 1. Entity Name SHARP HOME SYSTEMS, INC.					
Principal Place of Business 5609 VICTORIA GARDEN RD. 1101 PORT ORANGE, FL 32127 US			Mailing Address 5609 VICTORIA GARDEN RD. 1101 PORT ORANGE, FL 32127 US		
2. Principal Place of Business 4955 Orange Ave.		3. Mailing Address 4955 Orange Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 20-2892705	
Zip 32127		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELVIN, JAMES E 5609 VICTORIA GARDEN 1101 PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name Melvin, James E. Street Address (P.O. Box Number is Not Acceptable) 4955 Orange Ave City Port Orange FL Zip 32127		
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 <u><i>James Melvin</i></u> (NOTE: Registered Agent Signature required when reappointing) DATE 6-10-05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MELVIN, JAMES E 5609 VICTORIA GARDEN RD. #1101 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Melvin, James E 4955 Orange Ave Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SANTUCI, JAYSIE P 940 VILLAGE TRAIL #1-107 PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jaysien Santuci 831 Stoney Brook Cir. Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DAVID L. Edge 4955 Orange Ave Port Orange FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6-30-2005 90001 027 \$158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<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	DIR 	<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)(f), 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: <u><i>Jaysien P. Santuci</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 407 474 7754 Daytime Phone #	

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