2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-08-2006 90014 017 ***150.00 **DOCUMENT # P04000116982** 1. Entity Name SHARP GLOBAL, INC. Principal Place of Business Mailing Address 2935 HERITAGE TRAIL 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 IACKSONVILLE, FL 32257 2. Principal Place of Business 2005 Mariposa Vista Ln Mailing Address 2005 Mariposa Vista Ln. Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) #135 City & State #135 City & State 4. FEI Number Applied For St. Augustine, FL APPLIED FOR 51-0521308 St. Augustine, FL Not Applicable Country ^{Zip}32084 \$8.75 Additional 32084 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent SHARP, JOSEPH W 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 Street Address [P.O. Box Number is Not Acceptable) #135 City St. Augustine 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 Florids. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent aligneture required when reinstading) \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition Delete SHARP, JÓSEPH W NAME NAME 2005 Mariposa Vista Ln., #135 2935 HERITAGE TRAIL STREET ADDRESS STREET ADDRESS St. Augustine, FL 32084 JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete KAME NAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-57-ZIP TITLE Addition TITLE ☐ Deleta ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE Detete Change Addition HALE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of 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 coeverfor 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:

FILED Feb 28, 2006 8:00 am



Hein 10 51-0521308

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

SHARP GLOBAL, INC. 2005 MARIPOSA VISTA LN SUITE 135 SAINT AUGUSTINE, FL 32084

Subject: SHARP GLOBAL SYSTEMS, INC.

Reference Number:

P04000116982

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call-the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION