2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # P04000125948 03-12-2007 90096 050 ***150 00 SHARPBAY CORPORATION Mailing Address Principal Place of Business 40033625 20 N. ORANGE AVENUE 608 ASHWELL CT DEBARY, FL 32713 SUITE 600 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01172007 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 20-1609266 \$8.75 Additional Zip 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE Change ☐ Addition MEY, SOKHA NAME NAME STREET ADDRESS 608 ASHWELL COURT STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP VPT TITLE ☐ Delete ☐ Change ☐ Addition MEY, CHING NAME NAME STREET ADDRESS 608 ASHWELL COURT STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DEA, SOK YEANG NAME NAME 608 ASHWELL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED

386837164A