


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 008 ***158.75

DOCUMENT # P05000040931		
1. Entity Name SHARELLE, INC.		

Principal Place of Business SUITE 20 1400 ALABAMA AVENUE WEST PALM BEACH, FL 33401	Mailing Address SUITE 20 1400 ALABAMA AVENUE WEST PALM BEACH, FL 33401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 30-0304141	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURKHARDT, VINCENT G SUITE 20 1400 ALABAMA AVENUE WEST PALM BEACH, FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, SHARON H	NAME	
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	VPS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, LORELLE S	NAME	
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, VINCENT G	NAME	
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, DENNIS	NAME	
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Sharon H Burkhardt, Sharon H. Burkhardt	Date: 04/19/06	Daytime Phone #: 561-659-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President		