


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0304141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BURKHARDT, VINCENT G
 SUITE 20 1400 ALABAMA AVENUE
 WEST PALM BEACH, FL 33401**

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BURKHARDT, SHARON H
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VPS
NAME	HAYNES, LORELLE S
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VPD
NAME	BURKHARDT, VINCENT G
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VPD
NAME	HAYNES, DENNIS
STREET ADDRESS	SUITE 20 1400 ALABAMA AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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, V.P.* **4/9/08** **561-659-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #