2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P05000054485

Entity Name: SHARRS INVESTORS INC.

Current Principal Place of Business:

94 SPRING GLEN COURT
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

94 SPRING GLEN COURT
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 20-2672628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MAX
94 SPRING GLEN COURT
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P D ( ) Delete
Name: SMITH, MAX
Address: 94 SPRING GLEN COURT
City-St-Zip: DEBARY, FL 32713 US

Title: VP D ( ) Delete
Name: RICHARDS, DAVID
Address: 1695 ASTER FARMS PLACE
City-St-Zip: SANFORD, FL 32771 US

Title: S D ( ) Delete
Name: STEELE, STEVE
Address: 315 GLEN CLUB DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: T D ( ) Delete
Name: HAREWOOD, TYRONE
Address: 4010 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: D ( ) Delete
Name: RICHARDS, FLOYD
Address: 1695 ASTER FARMS PLACE
City-St-Zip: SANFORD, FL 32771 US

Title: D ( ) Delete
Name: ANDREWS, MARTIN
Address: 94 SPRING GLEN COURT
City-St-Zip: DEBARY, FL 32713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX A SMITH PD 04/15/2009

Electronic Signature of Signing Officer or Director Date