2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000145372 **Secretary of State** 1. Entity Name 03-21-2006 90036 035 ***150.00 SHARP MORTGAGE OF SOUTH FLORIDA, INC. Principal Place of Business 745 US HWY 1, STE 302 745 US HWY 1, STE 302 N PALM BEACH FL 33408 N PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number 20-3748251 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FETSCHER, ERIC C Street Address (P.O. Box Number is Not Acceptable) 103 FLORENCE DRIVE JUPITER FL 33458 City 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 little if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change CHARLES E. Fetscher, de NAME FETSCHER, ERIC C NAME 2586 Bedford Mews Drive STREET ADDRESS STREET ADDRESS 103 FLORENCE DRIVE Wellington, FL 33414 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRIY-ST-ZIE ☐ Change Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS City Styzie CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 21, 2006 8:00 am

561-863-6302

Daytime Phone #

Date