

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000154066

Entity Name: SHARPE MANAGEMENT, INC.

FILED
Jun 12, 2006
Secretary of State

Current Principal Place of Business:

918 VILLA FLORENZA DRIVE
NAPLES, FL 34119

Current Mailing Address:

918 VILLA FLORENZA DRIVE
NAPLES, FL 34119

New Principal Place of Business:

GALLERIA PLAZA, 9130 GALLERIA COURT
BUILDING A, SUITE 319
NAPLES, FL 34109

New Mailing Address:

GALLERIA PLAZA, 9130 GALLERIA COURT
BUILDING A, SUITE 319
NAPLES, FL 34109

FEI Number: 20-3664445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARPE, GARY L
918 VILLA FLORENZA DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

SHARPE, GARY L
GALLERIA PLAZA, 9130 GALLERIA COURT
BUILDING A, SUITE 319
NAPLES, FL 34109 US

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:

06/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SHARPE, GARY L
Address: 918 VILLA FLORENZA DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VS () Delete
Name: SHARPE, CONNIE H
Address: 918 VILLA FLORENZA DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHARPE, GARY L
Address: 9130 GALLERIA COURT, BUILDING A, SUITE 319
City-St-Zip: NAPLES, FL 34109

Title: VS (X) Change () Addition
Name: SHARPE, CONNIE H
Address: 9130 GALLERIA COURT, BUILDING A, SUITE 319
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY L. SHARPE

PT

06/12/2006

Electronic Signature of Signing Officer or Director

Date