2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P06000043500

Entity Name: SHARON'S VARIETY PALACE, INC

Current Principal Place of Business:

4650 SW VAHALLA STREET
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

3348 NW FEDERAL HWY
JENSEN BEACH, FL 34957 US

Current Mailing Address:

4650 SW VAHALLA STREET
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

3348 NW FEDERAL HWY
JENSEN BEACH, FL 34957 US

FEI Number: 83-0453088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, DABBIE M
4650 SW VAHALLA STREET
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

LEWIS, DABBIE M
5639 NW BLUFF CT
PORT ST. LUCIE, FL 34986 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: 01/09/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, DABBIE M
Address: 4650 SW VAHALLA STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: LEWIS, DEXTER
Address: 4650 SW VAHALLA STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEWIS, DABBIE M
Address: 5639 NW BLUFF CT
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VP (X) Change ( ) Addition
Name: LEWIS, DEXTER
Address: 5639 NW BLUFF CT
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: DEXTER LEWIS VP 01/09/2007
Electronic Signature of Signing Officer or Director — Date