


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90018 008 ***150.00

DOCUMENT # P06000088549 1. Entity Name SHARPEN TO A TEE CORP.					
Principal Place of Business 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181			Mailing Address 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 9999 NE 2 AVENUE Suite, Apt. #, etc. 218		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI SHORES FL Zip 33138 Country USA		City & State Zip Country		4. FEI Number 51-0589805 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHIARATO, UGO V 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181			7. Name and Address of New Registered Agent Name Ugo V. Chiarato Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVENUE - SUITE 218 City MIAMI SHORES FL Zip Code 33138		
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 Ugo V. Chiarato <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete COLLALTI, UMBERTO 12000 BISCAYNE BLVD, SUITE 507 MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UMBERTO COLLALTI <input type="checkbox"/> Change <input type="checkbox"/> Addition 9999 NE 2ND AVE - SUITE 218 MIAMI SHORES FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Umberto Collalti <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April 7 08 Daytime Phone # (305) 899.5099		