2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P07000050245 1. Entity Name PSHARQ FORCE, INC					l	04-18-2008	90022 013 ***15		
ACCEPTION Place of Business - No P.O. Box # ADDRIVE ADDRIV	Principal Plac	e of Business	Mailing Address							
Name and Address of Current Registered Agent	1		3		•					
2. Principal Place of Business - No PO Box # 3. Mailing Address Sulfa, Apt # etc. Sulfa, Apt # etc					S					
Suite, Apt. #, etc.		,								
Suite, Apt. #, etc.										
City & State Country Zip Country Zip Country S. Centificate of Status Desired S8.75 Additional Processing S8.	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03312008	Chg-P	CR2E034 (12/06)			
Substitution Subs	City & State		City & State		4. FEI Numbe	8947	nun 🛏			
S. Cardicale of Status Desired Foor Regulation	Zip	Country	Zip	ip Country		$-\infty U$	-0/1/	\$8.75 Ad	• • •	
SENDIX. CHRISTINA M 4092 ORCHARD DRIVE City FL Zip Code					,	5. Certificate	of Status Desired			
Service Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Nu		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
A092 ORCHARD DRIVE MELBOURNE, FL FL 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symant. Upon or prised name of implicement sport and to purpose of prised name of implicement sport and to purpose of prised name of implicement sport and to purpose of prised name of implicement sport and to purpose of prised name of implicement sport and to purpose of prised name of implicement sport and to purpose of purpose of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symant. Upon to prised name of implicement sport and to purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both in the state of Florida. I am familiar with, and accept the obligations of	DENDIN 6	NIDIOTINA NA			Name					
### City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE					Street Address (P.O. Box Number is Not Acceptable)					
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, speed or protect owner of registered agent and size if applicable. PILE NOWILI FEE IS \$150.00 After May 1, 2008 Foo will be \$550.00 30.					,					
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, speed or protect owner of registered agent and size if applicable. PILE NOWILI FEE IS \$150.00 After May 1, 2008 Foo will be \$550.00 30.										
SIGNATURE Synahus, typed or pirtled name of registered agent and side 1 applicable. (MOTE Registered Agent Sphanze required name remainting) PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 30. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE PROBESS CITY-ST-2P MELBOURNE, FL 32940 TILE VP BENDIX, CHRISTINA M STREET ADDRESS CITY-ST-2P MELBOURNE, FL 32940 TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAM					City	FL Zip Code				
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INF. BENDIX, LENDON L 4092 ORCHARD DRIVE MAME SIREET ADDRESS CITY-ST-2P TILE MAME SIRET ADDRESS CITY-ST-2P										
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE BENDIX, LENDON L SIREET ADDRESS OCHY-ST-2P MELBOURNE, FL 32940 TILE MAME BENDIX, CHRISTINA M SIREET ADDRESS CITY-ST-2P TILE MAME SIRET										
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE MONTH FE 13 \$ 130.00									
NAME SIREET ADDRESS CITY-ST-ZP MELBOURNE, FL 32940 TITLE NAME BENDIX, LENDON L MELBOURNE, FL 32940 TITLE NAME BENDIX, CHRISTINA M STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP	10.		DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
SIREET ADDRESS CITY-ST-ZP MELBOURNE, FL 32940 TITLE NAME BENDIX, CHRISTINA M 4092 ORCHARD DRIVE MELBOURNE, FL 32940 TITLE NAME BENDIX, CHRISTINA M 4092 ORCHARD DRIVE MELBOURNE, FL 32940 TITLE NAME SIREET ADDRESS CITY-ST-ZIP	1	· Boleic						Change	Addition	
CITY-ST-ZIP MELBOURNE, FL 32940	Į.	·								
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·									
STREET ADDRESS CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1				∐ Change		
CITY-ST-ZIP TITLE	1	· · · · · · · · · · · · · · · · · · ·			Į.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				į.					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		MEEBSONNE, LE SESTO	T Octob					[] Changa	[] Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	CITY-ST-ZIP			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE O Change Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLI	E			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TREE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TREE O Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TREE O Change Addition NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAM	E					
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE CITY-ST-ZIP	Į.		☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	i									
TITLE										
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP										
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change) Addition	
CITY-ST-ZIP CITY-ST-ZIP										
	1									
	<u> </u>	Laster than the formation of the state of th	to state different states and the state of t				Classes Over 1	funktion and the state of		

12. I nereby 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 attacking with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-16-2008 3212550909 Dale Dayline Phone #