

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P10914</b>						
1. Entity Name SHO - AIDS, INC.						
Principal Place of Business P O BOX 200, FLOCCROFT, PA 19032 3000 HENDERSON DRIVE SHARON HILL, PA 19079	Mailing Address P O BOX 200, FLOCCROFT, PA 19032 3000 HENDERSON DRIVE SHARON HILL, PA 19079	  01222007    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 13-5634241</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input checked="" type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number 13-5634241	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  MAKLEY, SCOT 380 27TH STREET ORLANDO, FL 32806		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	P	<div>U00000610497 02/02/07-80024-015 158.75</div> <b>DO NOT WRITE IN THIS SPACE</b>				
NAME	CODAMO, ANGELO					
STREET ADDRESS	407 S. SHARP AVE.					
CITY - ST - ZIP	GLENOLDEN, PA					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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: <i>A. J. Codamo, Pres.</i>		1/24/07    610534 9335 <small>Date    Daytime Phone #</small>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						