
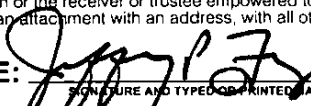


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90166 020 \*\*\*158.75

<b>DOCUMENT # P14110</b> 1. Entity Name <b>SHARPER IMAGE CORPORATION</b>					
Principal Place of Business <b>650 DAVIS STREET</b> <b>SAN FRANCISCO, CA 94111</b>			Mailing Address <b>650 DAVIS STREET</b> <b>SAN FRANCISCO, CA 94111</b>		
2. Principal Place of Business <b>350 THE EMBARCADERO ST.</b> Suite, Apt. #, etc. <b>6TH FL.</b>		3. Mailing Address <b>350 THE EMBARCADERO ST.</b> Suite, Apt. #, etc. <b>6TH FLOOR</b>			
City & State <b>SAN FRANCISCO, CA</b>		City & State <b>SAN FRANCISCO, CA</b>		4. FEI Number <b>94-2493558</b>	
Zip <b>94105</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FCEO</b> <b>THALHEIMER, RICHARD</b> <b>650 DAVIS STREET</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO CA 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THALHEIMER, ALAN</b> <b>650 DAVIS STREET</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NAPLER, GERALD E</b> <b>650 DAVIS ST</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVID, MORTON E</b> <b>650 DAVIS ST</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES, GEORGE</b> <b>650 DAVIS ST</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO, CA 94105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOYNER, PAMALA</b> <b>650 DAVIS ST</b> <b>SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>350 THE EMBARCADERO ST.</b> <b>SAN FRANCISCO, CA 94105</b> <input checked="" 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: 			Date <b>4-27-06</b> (45) 445-6600		