2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 08:00 AM **Secretary of State** DOCUMENT # P95000061411 SHERE INVESTMENTS, INC. Principal Place of Business Mailing Address 3510 SO. MOORINGS WAY 3510 SO. MOORINGS WAY COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 No Chg-P CR2E034 (11/05) 01072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHERE, STEVEN 3510 SOTH MOORINGS WAY COCONUT GROVE, FL 33133 IN THIS SPACE 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be 13000000387152 Trust Fund Contribution. Added to Fees 01/19/06-80027-012 150.00 OFFICERS AND DIRECTORS 10. TITLE SHERE, STEVEN NAME 3510 SO. MOORINGS WAY STREET ADDRESS CRY-ST-ZIP COCONUT GROVE, FL 33133 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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 at other like empowered.

SIGNATURE: \

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED