2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084859

Entity Name: SHELDRAKE, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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912 FLEMING ST 3635 EAGLE AVENUE KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

912 FLEMING ST 3635 EAGLE AVENUE KEY WEST, FL 33040 KEY WEST, FL 33040

FEI Number: 65-0698814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WETZLER, JACK
912 FLEMING STREET
KEY WEST, FL 33040 US
WETZLER, JACK
3635 EAGLE AVENUE
KEY WEST, FL 33040 US

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.

SIGNATURE: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SHELDON, RICHARD
 Name:
 MESA, BLAS

 Address:
 912 FLEMING ST
 Address:
 3635 EAGLE AVENUE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: V () Delete Title: VTS (X) Change () Addition

 Name:
 BLAS, MESA
 Name:
 WETZLER, JACK

 Address:
 3635 EAGLE AVE.
 Address:
 3635 EAGLE AVE.

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VTS (X) Delete Title: () Change () Addition

 Name:
 WETZLER, JACK
 Name:

 Address:
 912 FLEMING ST
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK WETZLER VTS 04/27/2009