FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056604 (7)

1. Corporation Name
SHEPHERD'S WORLDS, INC.

Principal Place of Business	Mailing Address
10681 AIRPORT BLVD 21 NAPLES FL 34109 US	C/O JOHN F HOOLEY 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10681 Airport Road N	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 21	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL	City & State 28
Zip / Country 24 34109 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified
07/05/1996

4. FEI Number
65-0677404
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOOLEY, JOHN F 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE John F. Hooley John F. Hooley (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHEPHERD, MARK		1.2 NAME		
STREET ADDRESS	10681 AIRPORT ROAD, #21		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOOLEY, JOHN F		2.2 NAME		
STREET ADDRESS	4532 TAMIAMI TRAIL EAST STE 401		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEPHERD, AARON N		3.2 NAME		
STREET ADDRESS	5388 3RD AVE, NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aaron Shepherd 2/3/98 941-513-2232