2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P97000047438** AMERICAN SHARPENING COMPANY Principal Place of Business Mailing Address **400 MADISON AVE 400 MADISON AVE** SUITE 101 SUITE 101 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 US CR2E034 (11/05) 04132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3452064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAMBITO, FRANK C DO NOT WRITE 400 MADISON AVENUE, SUITE 101 STE 101 IN THIS SPACE **ORANGE PARK, FL 32065** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algositure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ZAMBITO, FRANK C NAME STREET ADDRESS 400 MADISON AVE ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE DST ZAMBITO, DIANN K NAME STREET ADDRESS 400 MADISON AVE CITY-ST-ZIP ORANGE PARK, FL 32065 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

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