2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# P98000058762

Entity Name: SHARPER IMAGE TOPS, INC.

Current Principal Place of Business:

555 FREDERICA LANE
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

555 FREDERICA LANE
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-3519567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, J. WAYNE
555 FREDERICA LANE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACOBS, J. WAYNE
Address: 555 FREDERICA LANE
City-St-Zip: DUNEDIN, FL 34698 US

Title: VD ( ) Delete
Name: PROPES, BOB
Address: 555 FREDERICA LANE
City-St-Zip: DUNEDIN, FL 34698 US

Title: ST ( ) Delete
Name: JACOBS, CLAIRE
Address: 555 FREDERICA LANE
City-St-Zip: DUNEDIN, FL 34698 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition
Name: JACOBS, J. WAYNE
Address: 1583 REDWOOD AVE.
City-St-Zip: DUNEDIN, FL 34698 US

Title: STD (X) Change ( ) Addition
Name: JACOBS, CLAIRE
Address: 1583 REDWOOD AVE.
City-St-Zip: DUNEDIN, FL 34698 US

Title: D (X) Change ( ) Addition
Name: GUNN, DAVID A
Address: 1411 SAN MATEO DR.
City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAIRE JACOBS STD 03/30/2005

Electronic Signature of Signing Officer or Director Date