2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM Secretary of State DOCUMENT # V04010 1. Entity Name SHARPE & PERKINS, INC. Principal Place of Business Mailing Address 5200 1/2 S DIXIE HWY PO BOX 7066 W PALM BEACH, FL 33405 W PALM BEACH, FL 33405 US 01032007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0304228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAYLOR, GRATTON, BEAUMONT, LLP DO NOT WRITE 1260 S. FEDERAL HWY; SUITE 101 BOYNTON BEACH, FL 33435 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **CPDS** TITLE SHARPE, LAWRENCE C. NAME STREET ADDRESS 504 N COUNTRY CLUB DR CITY-ST-ZIP ATLANTIS, FL TITLE VΡ KNIGHT, STEPHEN H NAME STREET ADDRESS 4657 JETTY STREET CITY-ST-ZIP ORLANDO, FL 32817 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; that I am an officer or director of the corporation or the positive of 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/

STREET ADDRESS

MATURE STATE LAWRENCE C. SHARPE SIGNATURE AND TYPED OR PRINCE NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (561)547.8457

FILED