

To: FL Dept. of State  
Subject: 000150.45089

From: Trans Spea... Wednesday, December 7, 2005 3:00 PM Page: 1 of 5

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Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850)205-0383

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

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FOREIGN PROFIT QUALIFICATION

SHIPEEPROON, INC

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To: FI Dept. of State  
Subject: 000150.45089

From: Tracy Spear

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850-205-0381 12/7/2005 9:06 PAGE 001/001 Florida Dept of State

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December 7, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: SHEPROON, INC.  
REF: W05000053919

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

FAX Aud. #: H05000279233  
Letter Number: 005A00070726

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DIVISION OF CORPORATION

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P.O BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SHEPROON, INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/21/2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 555 Wilson Avenue, Toronto, Ontario M3H 5Y6  
(Principal office address)

555 Wilson Avenue, Toronto, Ontario M3H 5Y6  
(Current mailing address)

8. Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CorpDirect Agents, Inc.

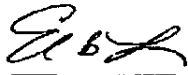
Office Address: 515 E. Park Avenue

Tallahassee, Florida 32301  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By:

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Thomas Sheppard

Address: 488 Huron St.

Toronto, Ontario M5R 2R3

Director: Peter Rooney

Address: 376 Kennedy St. West

Aurora, Ontario L4G 5M6

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ALLIANCE SELE. FLORIDA

**B. OFFICERS**

President: Thomas Sheppard

Address: 488 Huron St.

Toronto, Ontario M5R 2R3

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

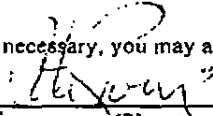
Secretary: Peter Rooney

Address: 376 Kennedy St. West, Aurora, Ontario L4G 5M6

Treasurer: Peter Rooney

Address: 376 Kennedy St. West, Aurora, Ontario L4G 5M6

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. PETER ROONEY, SECRETARY TREASURER  
(Typed or printed name and capacity of person signing application)

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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHEPROON, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2005.

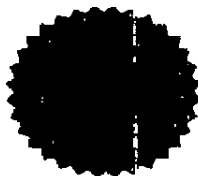
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHEPROON, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
2005 DEC -6 AM 10:56  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

3989025 8300

050989435



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4345718

DATE: 12-06-05  
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