

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004823

Entity Name: SABLE RESORTS, INC.

FILED  
Apr 19, 2010  
Secretary of State

**Current Principal Place of Business:**

2200 NW CORPORATE BLVD  
STE 401  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

185 NW SPANISH RIVER BLVD., STE 220  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

2200 NW CORPORATE BLVD  
STE 401  
BOCA RATON, FL 33431 US

**New Mailing Address:**

185 NW SPANISH RIVER BLVD., STE 220  
BOCA RATON, FL 33431 US

FEI Number: 65-0648460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HCRM CORP.  
2200 NW CORPORATE BLVD  
STE 401  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

HCRM CORP.  
185 NW SPANISH RIVER BLVD., STE 220  
BOCA RATON, FL 33431 US

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

04/19/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: DUPREY, LAWRENCE A  
Address: 185 NW SPANISH RIVER BLVD., STE 220  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VSD  
Name: BALDINI, SYLVIA  
Address: 185 NW SPANISH RIVER BLVD., STE 220  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA BALDINI

Electronic Signature of Signing Officer or Director

D

04/19/2010

Date