2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Mar 13, 2008 08:00 A Secretary of State

Daylime Phone #

| DOCUMENT # 228221 1. Entity Name S.G.S. HOLDING, INC. | | | Secretary of St |
|--|--|--|---|
| Principal Place of Business 138 COUNTY RD 69 KELLYTON, AL 35089 US | Mailing Address 138 COUNTY RD 69 KELLYTON, AL 35089 US | | |
| DO NOT WRITE | IN THIS SPA | CÉ | 02202008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-0881032 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Re SELLERS, SAMUEL 8109 N COOLIDGE TAMPA, FL 33614 | | | DO NOT WRITE 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 Signature, typed or printed name of expirated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be | | | |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (100000857206) | | | |
| 10. OFFICERS AND DI IITLE P NAME SELLERS, SAMUEL 138 COUNTY RD 69 KELLYTON, AL 35089 | RECTORS | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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. | | | |