

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 455617**

1. Entity Name  
**SAILING SERVICES, INC.**



Principal Place of Business <b>80 N W 73RD STREET          MIAMI, FL 33150 US</b>	Mailing Address <b>80 N W 73RD STREET          MIAMI, FL 33150 US</b>
--	--



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1594774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, BROOKS P  
 80 N W 73RD STREET  
 MIAMI, FL 33150**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

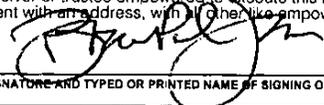
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, BROOKS P 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SADLER, MARSHA 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEARNS, JOHN W 80 N W 73RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIR, DAVID 80 NW 73 RD STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600232  
 01/26/07-80001-013 150.00

**DO NOT WRITE IN THIS SPACE**

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 or without other, duly empowered.

SIGNATURE:  **Brooks Paul Jones** 1/19/07 758-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #