


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90007 011 \*\*\*158.75

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|--|--|--|--|
| <b>DOCUMENT #668222</b><br>1. Entity Name<br><b>SANGSTER GROVES, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>1204 S SCENIC HWY<br/>FROSTPROOF, FL 33843</b>   |  | Mailing Address<br><b>1204 S SCENIC HWY<br/>FROSTPROOF, FL 33843</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>612 Carey Pl</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>612 Carey Pl</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>Lakeland FL</b>   |  | City & State<br><b>Lakeland FL</b>   |  |
| Zip<br><b>33803</b>  |  | Zip<br><b>33803</b>  |  |
| Country<br><b>US</b>   |  | Country<br><b>US</b>   |  |
| 4. FEI Number<br><b>59-1992212</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MAXINE K. SANGSTER<br/>1204 S. SCENIC HWY.<br/>FROST PROOF, FL 33843</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Stephanie S. Kauffman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>612 Carey Pl.</b><br>City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b> |  |
| 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.<br>SIGNATURE <b>Stephanie S. Kauffman</b> DATE <b>1-22-2008</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>LANGFORD, JANET S<br>1511 STEVENS, LOOP<br>BABSON PARK, FL   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PTD</b><br><b>zip 33827</b> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PD</b><br><b>SANGSTER, MAXINE</b><br><b>1204 S SCENIC HWY</b><br><b>FROSTPROFF, FL 00000.</b> | <input checked="" type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>SD</b><br><b>KAUFFMAN, STEPHANIE S</b><br><b>612 CAREY PL</b><br><b>LAKELAND, FL</b>          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VSD</b><br><b>zip 33803</b> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 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. |  |  |  |
| SIGNATURE: <b>Stephanie S. Kauffman</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <b>1-22-2008</b> <b>863-688-0444</b><br><small>Date Daytime Phone #</small>  |  |