

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000810

Entity Name: SAGE PARTS PLUS, INC.

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

25 DUBON COURT
FARMINGDALE, NY 11735

New Principal Place of Business:

Current Mailing Address:

25 DUBON COURT
FARMINGDALE, NY 11735

New Mailing Address:

FEI Number: 11-3526918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLLACK, MARK
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

Title: VPD () Delete
Name: BLOOMFIELD, MICHAEL K
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

Title: S () Delete
Name: STEARN, ALAN J
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

Title: D () Delete
Name: LEVENSON, DAN
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

Title: D () Delete
Name: KIEV, MARSHALL
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HIRSCH, DAVID
Address: 25 DUBON COURT
City-St-Zip: FARMINGDALE, NY 11735

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK POLLACK

VPD

07/07/2006

Electronic Signature of Signing Officer or Director

Date