


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

7005-20/17
FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003452 1. Entity Name SAGE TECHNICAL SERVICES, INC.	
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Principal Place of Business 4242 CARLISLE PIKE, STE. 177 CAMP HILL, PA 17011	Mailing Address 4242 CARLISLE PIKE, STE. 177 CAMP HILL, PA 17011
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01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1609652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCE, RONALD C 4152 W. BLUE HERON BLVD. SUITE 105 RIVIERA BEACH, FL 33404

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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 registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCANLON, HENRY 837 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRILL, TOM 444 WASHINGTON BLVD. #1517 JERSEY CITY, NJ 07310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURIALE, JUDY 36 SEQUOIA DRIVE WATCHUNG, NJ 07069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, MICHAEL 135 RED HILL ROAD OTTSMVILLE, PA 18942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO AVERSA, GREGG R 245 EAST LAUER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRILL, LEWIS 3311 BEN HOGAN LANE BILLINGS, MT 59106

U00000620497
02/09/07-80039-009 150.00

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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.

SIGNATURE:  **01/26/07 (717) 761-3931**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #