2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					9/24/2004-90001-016-\$550.00-\$550.00			
DOCUMENT # F02000003759 1. Entity Name					FILED			
SADIE'S VENTURES, INC.					04 OCT 13 PM 4: 16			
Principal Place of Business Mailing Address					SECRETARY OF S ALLAHASSEE, FL	TATE		
	LANTIC BLVD.	563 W. 500 S. #250 BOUNTIFUL UT 84010	563 W. 500 S. #250		ALLAHASSEE, FL	ָאטואט,		
CORAL SPRINGS FL 33071 BOUNTIFUL UT 84010) 		ETI III PIN 1 1 1 1	D: 1 HD	
, , , , , , , , , , , , , , , , , , ,	lace of Business	3. Mailing Address						
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E	(4/04)		
City & State		City & State	City & State		^{per} 87-0683402		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Addi		
	5. Name and Address of	Current Registered Agent		7. Name and	d Address of New Registere			
FORTNEY, ALLYSON Name,					Hubbard			
7971 NW 4TH PLACE				dress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
		:	City	al Gala		Zip Code	,	
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 famili								
the obligations of registered agent.								
SIGNATURE Signature, typed or previed name of registered agent and title if applicable. (NOTE: Registered Agent agradure required when remissating) DATE								
FILE NOW III FEE IS \$550.00								
DUE:BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution Added to Fees								
经验的证据的证据	k Payable to Florida Depa	ं विकास के सम्बद्ध के स्वति क स्वति के स्वति के सम्बद्ध के सम्बद			HOUANIGES TO DESIGNED	ND DIDECTOR		
TITLE	CPST	ERS AND DIRECTORS Delete	11.	ADDITIONS	CHANGES TO OFFICERS A	☐ Change	Addition	
NAME.	OLSON, CHAD H		NAME					
STREET ADDRESS CITY-ST-ZIP	1046 S. 1600 E BOUNTIFUL UT 84010		STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE	VP	☐ Delete	DILE	President		⊠ Change	Addition	
NAME STREET ADDRESS	NICHOLS, GREG		NAME STREET ADORESS	Nichels, Greg 1521 N 700 E				
CITY, ST-78	BOUNTIFUL UT 84010		CITY-ST-ZIP	Bountiful UT 8	4010			
TITLE		☐ Delete	TITLE	VP		☐ Change	Addition	
NAME STREET ADDRESS:			NAME 	Lloyd David 563 w 500 5 Boundiful, UT 84				
- City: St=Zip			CITY-ST-ZIP	Boundiful, UT 84	й0 ————			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	†				
CITY-ST-ZIP			CITY+ST-ZIP		······································			
TITLE	1	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS		. ^	()		
CITY-ST-ZIP	ļ <u>.</u>		CITY-ST-ZIP			W .		
NAME		Delete	TITLE NAME		, /\W	Change Change	Addition	
STREET ADDRESS)		STREET ADDRESS		1	\mathcal{L}		
CITY-ST-ZIP	L		CITY-ST-ZIP	<u></u>		<u> </u>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: Dank Lloud 9-1-04 242-3100								
SIGNA	SIGNATURE AND	TYPED OF PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR		Date	Daytime Phone #	—— \	