

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90060 046 ***150.00

DOCUMENT # F05000003663					
1. Entity Name SAIL FOREVER, INC.					
Principal Place of Business 1716 MIDDLE RIVER DR FORT LAUDERDALE, FL 33305			Mailing Address P.O. BOX 1346 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # 2537 NE 27 AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>			
City & State Fort LAUDERDALE FL		City & State		4. FEI Number 65-0283045	
Zip 33305		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER, MORGAN L 633 SOUTH FEDERAL HWY SUITE 400A FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 familiar with, and accept the obligations of registered agent. SIGNATURE <u>WALTER, MORGAN L</u> Jan 9, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CLARK, HAMILTON STREET ADDRESS 1716 MIDDLE RIVER DR CITY - ST - ZIP FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ALLAN BACHEWICZ STREET ADDRESS 2537 NE 27 AVE CITY - ST - ZIP FT LAUDERDALE FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MORGAN, WALTER L STREET ADDRESS 633 SOUTH FEDERAL HWY SUITE 400A CITY - ST - ZIP FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>HAMILTON CLARK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan 9 2008 954 593 6244 <small>Date Daytime Phone #</small>		