

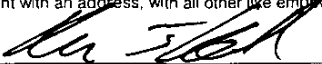


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90020 041 ***150.00

DOCUMENT # F94000006163 1. Entity Name SALADO SALES, INC.					
Principal Place of Business 4747 McLANE PKWY TEMPLE, TX 76504 US			Mailing Address P O BOX 6115 TEMPLE, TX 76503-6115 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01042007 Chg-P CR2E034 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 74-2692113		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSIER, WILLIAM 4747 McLANE PKWY TEMPLE, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Exec Officer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rosier, William G. 4747 McLane Parkway Temple, TX 76504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEWHINNEY, LEN 4747 McLANE PKWY TEMPLE, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MANN, CAROLINE R 1065 CRESCENT BELTON, TX 76513 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Youngblood, Mike 4747 McLane Parkway Temple, TX 76504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRAVES, DONALD R 4747 McLANE PKWY TEMPE, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, KEVIN J 4747 McLANE PKWY TEMPLE, TX <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec V President/Director Kent, James L. 4747 McLane Parkway Temple, TX 76504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
SIGNATURE:  Kevin J. Koch, Treasurer 2/26/07 254/771-7500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					