2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90141 028 ***550.00

DOCUMENT # J06758

1. Entity Name
SARAH'S HOUSE, INC.

500065323

07262005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% SARAH S. BROWN ~~517 S. PALAFOX ST.~~ 308 E. GOVERNMENT ST. PENSACOLA, FL 32501	% SARAH S. BROWN ~~517 S. PALAFOX ST.~~ 1823 EAST LARUA ST. PENSACOLA, FL 32501
2. Principal Place of Business: 308 EAST GOVERNMENT ST	3. Mailing Address: 1823 EAST LARUA ST
Suite, Apt. #, etc.: ~~PENSACOLA~~	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32501 Country	Zip: 32501 Country

4. FEI Number: 59-2660212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, SARAH S. ~~517 S. PALAFOX ST.~~ 1823 EAST LARUA ST. PENSACOLA, FL 32501	Name: BROWN, SARAH S. Street Address (P.O. Box Number is Not Acceptable): 1823 EAST LARUA ST City: PENSACOLA FL Zip Code: 32501

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] DATE: July 28, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, WALTER F. 1823 E. LARUA ST. PENSACOLA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, SARAH S. 1823 E. LARUA ST. PENSACOLA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all address, with all other like empowered.

SIGNATURE: [signature] July 28, 2005 850 4356684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #