2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 04, 2008 08:00 AN **DOCUMENT # K89570 Secretary of State** 1. Entity Name SARÁNN CORPORATION Principal Place of Business Mailing Address 11050 AUTUMN LANE 11050 AUTUMN LN CLERMONT, FL 34711 CLERMONT, FL 34711 No Chg-P CR2E034 (11/05) 01162008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0155206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULMER, BARBARA B. DO NOT WRITE 11050 AUTUMN LANE CLERMONT, FL 34711 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FULMER, BARBARA B. STREET ADDRESS 11050 AUTUMN LANE CITY-ST-ZIP CLERMONT, FL 34711 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP