2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State

| DOCUMENT # L36194 1. Entity Name F. SANNA ENTERPRISES, INC. | | | | | | | 007 90173 | 7 045 ***15 | 50.00 |
|--|--|--|--|-----------------------|----------------------------|-------------------|--------------------|--------------------------|----------------------------------|
| Principal Place of Business 13216 US HWY 19 HUDSON, FL 34667 US | Mailing Address 13216 US HWY 19 HUDSON, FL 34667 | 7 US | | | 40049 | | II ATRI RIBIH AIRI | I BIBRI BIBRI BIBII BI | III 301 i 4 (35) |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 01232007 | Chg-P | CR2 | E034 (12/06) | |
| City & State | City & State | City & State | | | 4. FEI Numb | | | | pplied For ot Applicable |
| Zip Country | Zip | Coun | try | | 5. Certificate | of Status Desire | ed 🔲 | \$8.75 Ad Fee Require | |
| 6. Name and Address of Cu | rrent Registered Agent | • | | | 7. Name and | Address of Ne | w Register | ed Agent | |
| SANNA, FRANK | | | Name | | | | | | |
| 3499 CASA COURT SPRING HILL, FL 34670 | | | Street Ad | ddress (P.0 |). Box Numb | er is Not Accept | table) | - | |
| | | | City | ···· | **** | · | F | Zip Coo | le . |
| 8. The above named entity submits this statem | nent for the purpose of changing | its registere | ed office or | registered | agent or ho | th in the State o | of Florida La | m familiar with | and accept |
| the obligations of registered agent. SIGNATURE TRANSPORTED TO THE STATE OF THE STA | Asserte | | | | | | A | ユーロフ . | , as to decopy |
| | | OTE Desister | - A | | | | | | |
| Signature, typed or printed name of registered | 9. Election Cam | | ncing _ | \$5.0 | 0 May Be | | DAT | E | |
| | 9. Election Cam | paign Finar | | \$5.0 | | | DAT | TE . | |
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12. Thereby 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:

Tuling G Sanna SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-2-07 727-868-648

Daytime Phone #