
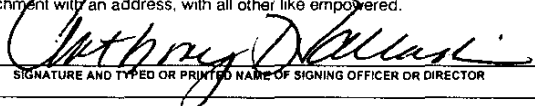


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M78659</b> 1. Entity Name <b>ANTHONY D. SALLADIN, INC.</b>						<b>FILED</b> <b>2008 JAN 17 PM 12:24</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business <b>2650 TANGLEWOOD TRL.</b> <b>PALM HARBOR, FL 34683 US</b>				Mailing Address <b>2650 TANGLEWOOD TRL.</b> <b>PALM HARBOR, FL 34683 US</b>																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country				City & State Zip Country																											
6. Name and Address of Current Registered Agent <b>SALLADIN, ANTHONY D.</b> <b>2650 TANGLEWOOD TRL.</b> <b>PALM HARBOR, FL 34683</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																											
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)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SALLADIN, ANTHONY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2650 TANGLEWOOD TRL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM HARBOR, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">300116364923</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>01/29/08--01038--001</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>**150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>								TITLE	PST	<input type="checkbox"/> Delete	NAME	SALLADIN, ANTHONY D		STREET ADDRESS	2650 TANGLEWOOD TRL		CITY - ST - ZIP	PALM HARBOR, FL		TITLE	300116364923	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	01/29/08--01038--001		STREET ADDRESS	**150.00		CITY - ST - ZIP		
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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.																															
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>1/14/08</b> <b>727-7729442</b>  <small>Date Daytime Phone #</small> </div> </div>																															