2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80592

MAYES, STANLEY

470 ROADRUNNER

APACHE JUNCTION, AZ 85219

Name:

Address:

City-St-Zip:

FILED Feb 02, 2006 Secretary of State

Entity Name: FLORIDA SABRE, INC. **Current Principal Place of Business: New Principal Place of Business:** 325 JERSEY ST NE LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** 10704 E. KEATS AVE MESA, AZ 85212 FEI Number: 59-2901553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRONENBACH, JUDITH L. PRITCHETT, JUDITH L. 325 JERSEY ST N 325 JERSEY ST N LAKE PLACID, FL 33852 US LAKE PLACID, FL 33852 US 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. SIGNATURE: JUDITH L. PRITCHETT 02/02/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRITCHETT, JUDITH Name: Name: 10704 E. KEATS AVE Address: Address: City-St-Zip: MESA, AZ 85212 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MAYES, MICHAEL T Name: 9494 OBSIDIAN COURT Address: Address: GOLD CANYON, AZ 85219 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GIDELL, THERESA Name: Name: 27248 ELENE MARIE Address: Address: City-St-Zip: CHESTERFIELD, FL 48051 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH L. PRITCHETT D 02/02/2006