2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M80592

Entity Name: FLORIDA SABRE, INC.

FILED Dec 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

239 BALTIMORE WAY NE LAKE PLACID, FL 33852

Current Mailing Address: New Mailing Address:

10704 E. KEATS AVE 625 S. LINGER LANE MESA, AZ 85212 WILLIAMS, AZ 86046

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:

PRITCHETT, JUDITH L.

239 BALTIMORE WAY NE
LAKE PLACID, FL 33852 US

MAYES, JUDITH L.

239 BALTIMORE WAY NE
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. MAYES SAME PERSON DIVORCE 12/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PRITCHETT, JUDITH
 Name:
 MAYES, JUDITH

 Address:
 625 S. LINGER LANE
 625 S. LINGER LANE

 City-St-Zip:
 WILIAMS, AZ 86046
 City-St-Zip:
 WILIAMS, AZ 86046

Title: V () Delete Title: () Change () Addition Name: MAYES, MICHAEL T Name:

Address: 9494 OBSIDIAN COURT Address: City-St-Zip: GOLD CANYON, AZ 85219 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition Name: GIDELL, THERESA Name: GIDELL, THERESA

Name: GIDELL, THERESA Name: GIDELL, THERESA
Address: 27248 ELENE MARIE Address: 485 HEIGHT

City-St-Zip: CHESTERFIELD, FL 48051 City-St-Zip: LAKE ORION, MI 48362

Title: T () Delete Title: () Change () Addition

 Name:
 MAYES, STANLEY
 Name:

 Address:
 470 ROADRUNNER
 Address:

 City-St-Zip:
 APACHE JUNCTION, AZ 85219
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JUDITH MAYES P 12/10/2009