


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

04-26-2005 90155 004 ***150.00

DOCUMENT # M88109

1. Entity Name
SARAD, INC.



Principal Place of Business
**3334 BLUEBERRY DR
LAKELAND, FL 33811 US**

Mailing Address
**421 DRIPPING SPRINGS
EDMOND, OK 73034 US**

66020332



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2905123

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLA, DIANE
3334 BLUEBERRY DR.
LAKELAND, FL 33811**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLA, DIANE	
STREET ADDRESS	3334 BLUEBERRY DR.	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNLAP, DOROTHY	
STREET ADDRESS	421 DRIPPING SPRINGS DR.	
CITY-ST-ZIP	EDMOND, OK 73034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dorothy Dunlap*
DOROTHY DUNLAP

05-26-05 (405) 348-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #