
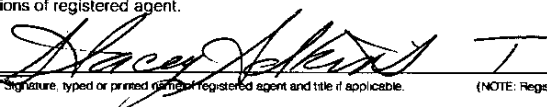
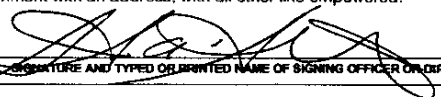


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90115 023 \*\*\*\*70.00

<b>DOCUMENT # N01000009026</b> 1. Entity Name <b>SIRENS OF THE GOLDEN SABRE INC.</b>																																																																																																																																			
Principal Place of Business 2024 CATTLEMAN DR BRANDON, FL 33511				Mailing Address PO BOX 89505 TAMPA, FL 33689																																																																																																																															
2. Principal Place of Business <b>7115 Colony Pte Dr.</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																	
City & State <b>Riverview FL</b>		City & State  		4. FEI Number <b>01-0549318</b>																																																																																																																															
Zip <b>33569</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>HAMLIN, BRENDA</b> <b>2024 CATTLEMAN DR</b> <b>BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name <b>Stacey Adkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>7115 Colony Pte Dr.</b> City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</b>																																																																																																																															
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 <b>4-18-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																															
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																																			
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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 617, 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.																																																																																																																																			
<b>SIGNATURE:</b>  <b>4-18-06</b> <b>813-731-4607</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			