2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004625

Entity Name: SAWMILL CHARITIES INC

FILED Feb 29, 2008 Secretary of State

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

21710 US HWY 98 21710 US HWY 98

DADE CITY, FL 33523 DADE CITY, FL 33523 US

Current Mailing Address: New Mailing Address:

21710 US HWY 98 21710 US HWY 98

DADE CITY, FL 33523 DADE CITY, FL 33523 US

FEI Number: 02-0613550 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:

TRANER, RONALD B
21710 US HWY 98
DADE CITY, FL 33523
US
CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410
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: SAMANTHA SIMONS, ASSISTANT SECRETARY 02/29/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 TRANER, RONALD B
 Name:
 GODOWN, PHILIP A

 Address:
 21710 US HWY
 Address:
 21710 US HWY 98

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:
 DADE CITY, FL 33523

Title: D () Delete Title: D (X) Change () Addition Name: STEPHENS, JAMES A Name: BUBIS, MICHAEL W

Address: 21710 US HWY 98 Address: 21710 US HWY 98
City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523

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

 Name:
 Name:
 DANIEL, KEVIN J

 Address:
 Address:
 21710 US HWY 98

 City-St-Zip:
 City-St-Zip:
 DADE CITY, FL 33523

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMANTHA SIMONS AS ATTORNEY-IN-FACT D 02/29/2008