2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2006 8:00 am **Secretary of State DOCUMENT # N97000000693** 1. Entity Name SAC, INC. 02-10-2006 90011 045 ****61.25 Principal Place of Business Mailing Address **300SANDPIPER DR** 300SANDPIPER DR VENICE, FL 34292 US VENICE, FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0738914 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zlp Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GORDON, SCOTT E 333 S TAMIAMI TRAIL STE 199 .Abel Band, Chartered VENICE, FL 34292 240 South Pineapple Avenue Sarasota 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. 2-8-06 SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1; 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PRESIDENT BARBARA MELLOW 408 Longwood DR ☐ Addition Change TITLE Delete TITLE HOLLINGWORTH, ALBERT R NAME NAME STREET ADDRESS 441 SPRUCE AVE STREET ADDRESS VENICE FL 34285 CTTY+ST-7/P VENICE, FL 34285 CITY-ST-ZIP JOYCE BURCH TITLE Change ■ Addition TITLE Delete HOLLINGSWORTH, VIRGINIA R NAME NAME 348 LONGWOOD PR VENICE FL 34285 441 SPRUCE AVE STREET ADORESS STREET ADVORESS VENICE, FL 34285 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT 5₹ Change ☐ Addition ☐ Delete TITLE TITLE MALDONETO, ANTHONY NAME ANTHONY MALDONATO NAME STREET ADORESS 545 ASPEN AVE STREET ADDRESS 545 ASPEN AVE VENICE FL 34285 CITY-ST-7/P VENICE, FL 34285 CITY-ST-ZIP DIRECTOR LONNIE BRESSLER 467 BOXWOOD CIR X) Delete TITLE ✓ Change ☐ Addition TITLE D DANE, JOHN MALK NAME STREET ADDRESS STREET ADDRESS 422 BOXWOOD DR. VENICE FL 34285 CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TREASURER PLICE PUFFER 395 LONG GU 34285 TITLE A Chance ☐ Addition TITLE Delete WIRTH, BETTY J NAME NAME STREET ADDRESS STREET ADORESS 480 BEECHWOOD DR CITY-ST-7IP VENICE, FL 34285 CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE BREAME, PATRICIA NAME NAME JAME STREET ADDRESS 518 LONGWOOD DRIVE STREET ADDRESS VENICE, FL 34285 CITY-ST-ZIP 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 suppliemental 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.

Treasurer

SIGNATURE:

FILED