2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001045

Entity Name: SUGARMILL WOODS CRIME WATCH, INC.

FILED Apr 06, 2008 Secretary of State

108 CYPRESS BLVD W C/O ALFRED R ST JEAN 9 PORTULACA CT S STE B HOMOSASSA, FL 34446 HOMOSASSA, FL 34446

Current Mailing Address: New Mailing Address:

108 CYPRESS BLVD W C/O ALFRED R ST JEAN STE B 9 PORTULACA CT S HOMOSASSA, FL 34446 HOMOSASSA, FL 34446

FEI Number: 59-3592493 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:

ABBOTT, GLEN C ESQ 706 N. SÚNCOAST BLVD CRYSTAL RIVER, FL 34429 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Name:

FERRILL, DAN BYRNES, RICHARD Name: 8 POPLAR CRT N Address: 20 EUGENIA CT N Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: (X) Change () Addition BYRNES, RICHARD Name: BRUMMER, GERALD Name:

Address: 20 EUGENIA CRT N Address: 34 GRASS ST City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: (X) Change () Addition EISNER, MICHELE EISNER, MICHELE Name: Name:

22 PORTULAÇA CRT Address: Address: 22 PORTULAÇA CT City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

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

KESSINGER, ROGER Name: Name: ST JEAN, ALFRED 9 PORTULAÇA CT S Address: 15 LUPINE ST Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

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

BRUMMER, GERALD BRUMMER, GERALD Name: Name: 34 GRASS ST Address: Address: 34 GRASS ST

City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

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

FERRILL. DAN Name: Name: Address: 8 POPLAR CRT N Address: HOMOSASSA, FL 34446 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED R ST JEAN **TREA** 04/06/2008

Electronic Signature of Signing Officer or Director

Date