2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2008 8:00 am **Secretary of State DOCUMENT # P00000022975** 1. Entity Name 01-28-2008 90043 005 ***150.00 SAN SABASTIAN HOLDING, INC. Principal Place of Business Mailing Address 4015 MAIN ST. PO BOX 780957 MICCO, FL 32976 SEBASTIAN, FL 32978-0957 01232008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3635159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAM BAGGS, JOSEPH JR DO NOT WRITE 9460 FLEMING GRANT RD. SEBASTIAN, FL 32958 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS mF WILLIAM BAGGS, JOSEPH JR NAME STREET ADDRESS 9460 FLEMING GRANT RD. CITY-ST-ZIP SEBASTIAN, FL 32958 BAGGS, KATHRYN P NAME STREET ADDRESS 9460 FLEMING GRANT RD. CITY-ST-ZIP MICCO, FL 32976 MIF NAME STREET ADDRESS DO-NOT-WRITE - --CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

7727662400

FILED