2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # P01000077634 03-31-2006 90016 024 ***150.00 SAULSAR ENTERPRISES CORP. Principal Place of Business Mailing Address 140 SE 5TH AVE. 140 SE 5TH AVE. BOCA RATON, FL 33432 BOCA RATON, FL 33432 50007577 3. Mailing Address 300 SE 2. Principal Place of Business 300 56 Suite, Apt. #, etc. 5140 Suite, Apt. #, etc. 03082006 Chg-P CR2E034 (11/05) City & State Boch 4. FEI Number Applied For Boco 65-1127464 Not Applicable 33432 \$8.75 Additional 5. Certificate of Status Desired 3432 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHEN SOBLE SOBLE, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 140 SE 5TH AVE. BOCA RATON, FL 33432 5TH AVE RATON 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. INESIDENT TITLE TITI F ☐ Delete ☐ Change STEPHEN SOBLE, NAME SOBLE, STEPHEN NAME APT 5140 300 SE 54H AVE 140 SE 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP BORA RATON, FL 3343W SECRETA TETLE ☐ Delete TITLE ☐ Addition SOBLE STEPHEN 300 SE SAH MAT SOBLE, STEPHEN NAME NAME STREET ADDRESS 140 SE 5TH AVE STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-7IP 33432 TITLE ☐ Delete TITE F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. STEPHEN SOBLE PAGE SIGNATURE:

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