2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000133025

1. Entity Name
SAGE MORTGAGE SERVICES INC.

Principal Place of Business	Mailing Address
2316 WINTER WOODS BLVD	2316 WINTER WOODS BLVD
WINTER PARK, FL 32792	WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number | Applied For
61-1438235 | Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAEFFLER, RYAN A
1331 JULIO LANE
ORLANDO, FL 32807

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000389476 01/20/06-80048-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHAEFFLER, RYAN A
STREET ADDRESS	1331 JULIO LANE
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Ryan A. Schaeffler_   1-13-06   407-929-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #