

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073464

Entity Name: FOOLS & SAGES, INC.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

1545 FLANDERS RD #216
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1545 FLANDERS RD #216
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1095435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCIARELLI, PAUL
1545 FLANDERS RD #216
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASCIARELLI, PAUL
Address: 1545 FLANDERS RD #216
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SEXTON, CHRISTOPHER
Address: 10263 WHISPERING FOREST DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MASCIARELLI, THOMAS
Address: 95 HERRINGBROOK RD
City-St-Zip: EASTHAM, MA 02642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MASCIARELLI

PRES

05/03/2005

Electronic Signature of Signing Officer or Director

Date