2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P04000150770** 1. Entity Name SATURN HOLDING - FLORIDA, INC. Principal Place of Business Mailing Address 4201 FOWLER P.O. BOX 62014 FT. MYERS, FL 33901 FORT MYERS, FL 33906 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-1866588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOODMAN, ROBERT H DO NOT WRITE 4201 FOWLER FT. MYERS, FL 33901 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U000000605842 Trust Fund Contribution. Added to Fees 01/30707-80054-016 150.00 10. OFFICERS AND DIRECTORS TITLE **PSTD** GOODMAN, ROBERT H STREET ADDRESS **4201 FOWLER STREET** CITY-ST-ZIP FORT MYERS, FL 33901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 adverse with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TYPED DR PRINTED MARTE OF SIGNING OFFICER OR DIRECTOR

01/26/2007 (239) 939-747

Daylime Phone #

FILED