## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P05000002237



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90196 045 \*\*\*150.00

1. Entity Name SAC PROCESSING, INC.							04-20-2000	30130 0 13	130.	.00
Principal Place of Business			Mailing Address				~~~~			
1001 LUMSDEN TRACE CIRCLE VALRICO, FL 33594			1001 LUMSDEN TRACE CIRCLE VALRICO, FL 33594							
2 Principal D	Name of Division		2 Marilian Address	· · · · · · · · · · · · · · · · · · ·						
2. Principal Place of Business			3. Mailing Address				<b>                                    </b>			<b>18 B</b> 1 11 1 <b>8 B</b> 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-P	CR2E034 (11/		
City & State			City & State			4. FEI Numb	0-208.	505.4	<del>- ` `</del>	plied For t Applicable
Zip	Zip Country		Zip	Country		5Certificate.of.Status_Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
CHURCH, ALTHEA D 1001 LUMSDEN TRACE CIRCLE VALRICO, FL 33594					Street Address (P.O. Box Number is Not Acceptable)					
	0000									
The above named entity submits this statement for the purpose of changing its register.					City					
	e named entity tiops of regist		or the purpose of changing its  Church	register	ed office or regis	stered agent, or bo	th, in the State of F	lorida. I am familiar		and accept
SIGNATORES	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE		
After M		FEE IS \$150.00 6 Fee will be \$550.		ribution.		55.00 May Be added to Fees			_	
After M	ay 1, 2000		OO Trust Fund Cont	ribution.	Ā	Added to Fees	/CHANGES TO OF	FICERS AND DIREC		
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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 attacyment an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR