

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90001 033 \*\*\*150.00

**60038618**



<b>DOCUMENT # P05000015148</b> 1. Entity Name <b>SALES.COM, INC.</b>					
Principal Place of Business <b>302 SOUTHARD STREET 203 KEY WEST, FL 33040 US</b>			Mailing Address <b>302 SOUTHARD STREET 203 KEY WEST, FL 33040 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent <b>DAPSER, WAYNE R ESQ. 302 SOUTHARD STREET 204 KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent Name <b>BORISEVIC, VLADISLAVAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>302 SOUTHARD ST., SUITE 203</b> City <b>KEY WEST</b> FL <b>33040</b>		
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 <span style="float: right;">09.05.2006</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BORISEVIC, VLADISLAVAS</b> <b>302 SOUTHARD STREET, SUITE 203</b> <b>KEY WEST, FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>MADDOX, DACE</b> <b>3635 Seaside DR., APT 112</b> <b>KEY WEST FL 33040</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V-P</b> <b>MADDOX, DACE</b> <b>3635 Seaside DR., APT 112</b> <b>KEY WEST FL 33040</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>09.05.2006</b> Daytime Phone # <b>305-923 9621</b>		