


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90091 007 ***150.00

DOCUMENT # P05000118028 1. Entity Name CAY SAL INTERNATIONAL, INC.			
Principal Place of Business 6580 INDIAN CREEK DR. #504 MIAMI BEACH, FL 33141		Mailing Address 6580 INDIAN CREEK DR. #504 MIAMI BEACH, FL 33141	
2. Principal Place of Business - No P.O. Box # 36225 Covington Road Suite, Apt. #, etc.		3. Mailing Address 36225 Covington Road Suite, Apt. #, etc.	
City & State Dade City FL Zip 33525 Country Pasco		City & State Dade City FL Zip 33525 Country Pasco	
4. FEI Number 20-3361475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNAWAY, DEBORAH 36225 COVINGTON ROAD DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name HUTCHINSON, DEBORAH E. Street Address (P.O. Box Number is Not Acceptable) 36225 COVINGTON ROAD City DADE CITY FL Zip Code 33525	
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 <u>Deborah E. Hutchinson</u> <u>Deborah E. Hutchinson, ST</u> <u>4-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, JOHN L 36225 COVINGTON ROAD DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WILSON, KIMBERLY L 36225 COVINGTON ROAD DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DUNAWAY, DEBORAH 36225 COVINGTON RD DADE CITY, FL 33525	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUTCHINSON, DEBORAH E. 36225 COVINGTON ROAD DADE CITY, FL 33525 <input checked="" 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
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: <u>John L. Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-17-08</u> <u>352-518-0904</u> <small>Date Daytime Phone #</small>	