## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT									4			
DOCUMENT # P05000152683  1. Entity Name							•		•			
SAUNDERS SALES & MARKETING INC.								UN -6 PM				
Principal Plac	e of Busines	<u> </u>	Mailing Address	Mailing Address			مناتشنب. آ	AUASSEE, EL	ORIDA	1		
1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715			1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715				ما بيار ازر	MIIMOULLI				
							31     1    31      61     10					
2. Principal P		ess	3. Mailing Address  Suite, Apt. #, etc.				0/2	7 (06 900)		8 2 (		
Suite, Apt. #, etc.			City & State				05012006	Chg-P	CR2E03	34 (11/05)		
City & State						4. FEI Numb	er		No	pplied For ot Applicable		
Zip	Country		Zíp			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	_ 6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent							
SAUNDER				Name Street Address (P.O. Box Number is Not Acceptable)								
1100 PINE TIERRA V	ELLAS BAY ERDE, FL	Y WAY S UNIT G4 33715	Street Addres			ogress (F	P.O. Box Numb	er is Not Acceptable				
다. -				City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	θ		
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 a										and accept		
the obligations of registered agent.  SIGNATURE:												
SIGNATURE: ** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	Ð		☐ Defete	LILL	E					☐ Change	☐ Addition	
NAME	SAUNDE		NAM	E						,		
STREET ADDRESS   1100 PINELLAS BAY WAY S UNI' CITY-SI-ZIP   TIERRA VERDE, FL 33715			T G4	ET ADDRESS								
	D	PERDE, FL 33/15		+-	-ST-ZIP							
TITLE Name	SMITH, K	AYE	Delete	TITL						☐ Change	□ Addition	
STREET ADDRESS	7800 1ST				ET ADDRESS							
CITY-ST-ZIP	ST PETE	RSBURG, FL 33707		CITY	-ST-ZIP							
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CITY-ST-ZIP	actifus the state	a information a section to the	this filling does t '		-\$1-ZIP		Li- Ob-	0 Flatte C	F -1 -			
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.												
1/1/1												
SIGNAT	URE: _	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE										