

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000152683</b>						<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 5px;">06 JUN -6 PM 1:03</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>1. Entity Name</b> SAUNDERS SALES & MARKETING INC.							
<b>Principal Place of Business</b> 1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715				<b>Mailing Address</b> 1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b>						<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>						<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>	
SAUNDERS, ROBERT 1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715						Name Street Address (P.O. Box Number is Not Acceptable) City	
						FL Zip Code	
<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.</b>							
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>				<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAUNDERS, ROBERT <input type="checkbox"/> Delete 1100 PINELLAS BAY WAY S UNIT G4 TIERRA VERDE, FL 33715			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, KAYE <input checked="" type="checkbox"/> Delete 7800 1ST AVE S ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SI <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEILA SAUNDERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 PINELLAS BAY WAY S, G4 TIERRA VERDE, FL 33715		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIERRA VERDE, FL <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	X 619 <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		
<b>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.</b>							
<b>SIGNATURE:</b> _____				Date: 5/1/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			