2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90382 025 ***150.00

Principal Place of Business Shi & CEAR PINE DR Shi REDRAY PINE DR CRUANDO, FL 32819 2. Principal Place of Susiness No P.O. Box # 3. Mailing Address Shi & CEAR PINE DR CRUANDO, FL 32819 2. Principal Place of Susiness No P.O. Box # 3. Mailing Address Ozdavo Ozdavo	DOCUMENT # P05000160986 1. Entity Name SDG PARTNERS, INC.					ADUX	h336			
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S. Carricons of Sausus Desired Fee Required F	City & State					1	100			
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	Zip	Country Zip Cou		Coun	ntry	<u> </u>		Fee R		nei
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent and text registered agent and text registered agent and text registered agent and text registered agent agent agent agent agent. Copy FL Zip Code		6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New Ro	egistered Agent			
B. 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 lemiliar with, and accept the obligations of registered agent. Signature Signature Properties Signature Signatur	11380 PR	OSPERITY FARMS ROAD #22		P.O. Box Number	is Not Acceptable)				
B. 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 lemiliar with, and accept the obligations of registered agent. Signature Signature Properties Signature Signatur					City			— 1 7;	n Code	
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TILL NOWILI FEE IS \$150.00 Specially in \$55.00 May Be Added to Fees 10.			r the purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am familia	r with, and	i accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NOT	E: Registera	d Agent signature required	I when reinstating)		DATE		
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Independent of the internation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

GNATURE:

| Comparison of the information supplied with this filling does not qualify for the exemptions contained in Chapter 19, Florida Statutes, I further certify that the information indicates of 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; I further certify that the information indicates of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the care of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corp

SIGNATURE: