

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90064 041 \*\*\*150.00

<b>DOCUMENT # P06000020678</b> 1. Entity Name <b>SARAH DOYLE, INC.</b>																	
Principal Place of Business <b>4552 BOUGAINVILLE DR. 21 LAUDERDALE BY THE SEA, FL 33308 US</b>			Mailing Address <b>4552 BOUGAINVILLE DR. 21 LAUDERDALE BY THE SEA, FL 33308 US</b>														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country															
56226007      Chg-P      CR2E034 (12/06)				4. FEL Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">34-2085316</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;">Applied For Not Applicable</div>													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DOYLE, SARAH E. 4552 BOUGAINVILLE DR. 21 LAUDERDALE BY THE SEA, FL 33308</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">             P DOYLE, SARAH E 4552 BOUGAINVILLE DR. #21 LAUDERDALE BY THE SEA, FL 33308           </div> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><div style="border: 1px solid black; padding: 2px;"></div><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><div style="border: 1px solid black; padding: 2px;"></div><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><div style="border: 1px solid black; padding: 2px;"></div><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><div style="border: 1px solid black; padding: 2px;"></div><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"><div style="border: 1px solid black; padding: 2px;"></div><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;">             P DOYLE, SARAH E 4552 BOUGAINVILLE DR. #21 LAUDERDALE BY THE SEA, FL 33308           </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> Delete
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SIGNATURE:		<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>2/26/07 954 326 0868</div> </div>															