
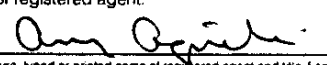


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 028 ***150.00

DOCUMENT # P06000050948					
1. Entity Name SADL ENTERPRISES INC.					
Principal Place of Business 30 PECAN RADIAL OCALA, FL 34472			Mailing Address PO BOX 555 FAIRFIELD, FL 32634-0555		
2. Principal Place of Business - No P.O. Box # 2225 NW 100th AVE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292008 Chg-P CR2E034 (12/06)	
City & State OCALA FL		City & State		4. FEI Number 20-498634 NOT APPLICABLE	
Zip 34482 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGRICOLA, AMY 30 PECAN RADIAL OCALA, FL 34472			7. Name and Address of New Registered Agent Name: AGRICOLA, Amy Street Address (P.O. Box Number Is Not Acceptable): 2225 NW 100th AVE City: OCALA FL Zip Code: 34482		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME AGRICOLA, AMY STREET ADDRESS 30 PECAN RADIAL CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete		TITLE Pust NAME AGRICOLA, Amy STREET ADDRESS 2225 NW 100th AVE CITY-ST-ZIP OCALA FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AGRICOLA, AMY STREET ADDRESS 30 PECAN RADIAL CITY-ST-ZIP OCALA, FL 34472	<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	
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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: 			Date: 2/6/08 (352) 522-3896		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		