2007 FOR PROFIT CORPORATION

ANNUAL REPORT



Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90183 025 ***150.00 DOCUMENT # P06000080682 SGT CORPORATION Principal Place of Business Mailing Address 1529 SE 47TH TERRACE SUITE C 1529 SE 47TH TERRACE SUITE C CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Thomas W. Hill</u> R&A AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) C/O MICHAEL S YASHKO ESQ 2320 FIRST STREET SUITE 1000 FORT MYERS, FL 33901 1318 Lafayette St. City Zip Code Cape Coral 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 the obligations of salistered agent. SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change X Addition ☐ Delete P NAME NAME Knoche, Norman STREET ADDRESS STREET ADDRESS 1529 SE 47th Terrace, Suite C CITY-ST-ZIP CITY-ST-7/P Cape Coral, FL 33904 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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/strue 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 enjoywered 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: ..

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR