

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093573

FILED
Apr 29, 2009
Secretary of State

Entity Name: SISTERS OF SALT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4009 E. BLUFF AVE.
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

4009 E. BLUFF AVE.
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 36-4590324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, DYANNE
4009 E. BLUFF AVE.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, DYANNE
Address: 4009 E. BLUFF AVE.
City-St-Zip: TAMPA, FL 33617 US

Title: VP () Delete
Name: BURNS, JAMES
Address: 16823 HOLLAND LANE
City-St-Zip: SPRING HILL, FL 34610 US

Title: S () Delete
Name: LABAO, VERATHERESA
Address: 3411 EAST POWHATAN
City-St-Zip: TAMPA, FL 33610 US

Title: T () Delete
Name: BURNS, OLIVER
Address: 12048 CLOVERLAWN
City-St-Zip: DETROIT, MI 48204 US

Title: MEM () Delete
Name: BURNS, MINNIE
Address: 1744 MAGGIE CT
City-St-Zip: SPRING HILL, FL 34610 US

Title: MEM () Delete
Name: BURNS, ERNEST L
Address: 21933 HARDCASTLE RD
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DYANNE BURNS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date