2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000118598

1. Entity Name
SALCAST, INC.

Principal Place of Business	Mailing Address
8460 DELTA CT. BROOKSVILLE, FL 34613	8460 DELTA CT. BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

01022008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
51-0602709		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTIGLIONE, SALLY
8460 DELTA CT.
BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000939936
05/28/08-00047-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	CASTIGLIONE, SALLY
STREET ADDRESS	8460 DELTA CT.
CITY - ST - ZIP	BROOKSVILLE, FL 34613

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
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 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: _Sally Castiglione_   1/29/08   3525946041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #