
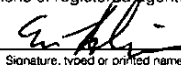
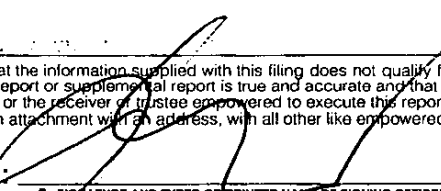


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 039 ***150.00

DOCUMENT # P07000112448 1. Entity Name SARASOTA ADVISORY GROUP, INC.					
Principal Place of Business 2111 S TAMiami TRAIL OSPREY, FL 34229			Mailing Address 2111 S TAMiami TRAIL OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 579			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Osprey, Florida		4. FEI Number 26-1233923	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34229		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'LEARY, D. MICHAEL 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Eric Robinson Street Address (P.O. Box Number is Not Acceptable) 133 S. Harbor View City Venice FL Zip Code 34285		
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME RODRIGUEZ, HENRY STREET ADDRESS 2718 CASEY KEY DRIVE CITY-ST-ZIP NOKOMIS, FL 34275			TITLE Rodriguez, Henry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P.O. Box 579 STREET ADDRESS Osprey, FL 34229		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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  4/2/08 941-966-4333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> HENRY RODRIGUEZ <small>Daytime Phone #</small>					