

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113456

Entity Name: SAINT INDUSTRIAL INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1915 CEDER SAKE DRIVE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

843 CYPRESS PARKWAY
SUITE 308
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 38-3766279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, CRAIG
609 ELBRIDGE DRIVE
KISSIMMEE, FL 34758 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: CEO () Delete
Name: WALLACE, CRAIG
Address: 609 ELBRIDGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: CFO () Delete
Name: WALLACE, PAUL
Address: 1915 CEDER SAKE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: COO () Delete
Name: COOTE, MARGRET
Address: 870 CAMBRIDGE COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: AVP () Delete
Name: WALLACE, SHONNON
Address: 609 ELBRIDGE DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: P () Delete
Name: WALLACE, ONEIL
Address: 626 ROSIRO COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: AP () Delete
Name: COOTE, MICHEAL
Address: 870 CAMBRIDGE COURT
City-St-Zip: KISSIMMEE, FL 34758

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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: CRAIG WALLACE

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date