

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055917

FILED
Apr 27, 2012
Secretary of State

Entity Name: THE SAILOR GROUP INC.

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PKWY
#285
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

13506 SUMMERPORT VILLAGE PKWY.
#285
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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

OFFICERS AND DIRECTORS:

Title: P, D
Name: OLIVERIA, CHARLES M
Address: 13506 SUMMERPORT VILLAGE PKWY. #285
City-St-Zip: WINDERMERE, FL 34786 US

Title: S, T
Name: BARFIELD, MICHELLE
Address: 13506 SUMMERPORT VILLAGE PKWY. #285
City-St-Zip: WINDERMERE, FL 34786 US

Title: CEO
Name: BARFIELD, EDWARD
Address: 13506 SUMMERPORT VILLAGE PKWY. #285
City-St-Zip: WINDERMERE, FL 34786 US

Title: D
Name: HARTLEY, ALLYSON
Address: 13506 SUMMERPORT VILLAGE PKWY. #285
City-St-Zip: WINDERMERE, FL 34786 US

Title: D
Name: BARFIELD, MICHELLE
Address: 13506 SUMMERPORT VILLAGE PKWY. #285
City-St-Zip: WINDERMERE, FL 34786 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE BARFIELD

CFO

04/27/2012

Electronic Signature of Signing Officer or Director

Date