


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P32825</b> 1. Entity Name <b>SABLEKNIGHT NEW YORK INC.</b>	
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Principal Place of Business <b>C/O WIGGIN AND DANA LLP 450 LEXINGTON AVE #3800 NEW YORK, NY 10017 US</b>	Mailing Address <b>C/O WIGGIN AND DANA LLP 450 LEXINGTON AVE #3800 NEW YORK, NY 10017 US</b>
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**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-2528763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MARIUS 47 MAZE HILL LONDON, ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HOOD, BRUCE E 450 LEXINGTON AVE #3800 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA DISANTO, JOSEPH 450 LEXINGTON AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PAL, ANDREW J 450 LEXINGTON AVE., #3800 NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/21/06-80086-014 150.00

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:  <b>Andrew J Pal VP</b>	Date <b>3/7/06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>

212-551-2607