


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000050640</b>		
1. Entity Name SAIL US, INC.		
Principal Place of Business 1900 SE 15TH STREET FORT LAUDERDALE, FL 33316 US	Mailing Address P O BOX 350304 FT LAUDERDALE, FL 33335 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DUNSMOOR, JOHN E 1900 SE 15TH ST FORT LAUDERDALE, FL 33316		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNSMOOR, JOHN 1323 S.E. 17TH ST., SUITE 474 FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DUNSMOOR, SUSAN 1323 S.E. 17TH ST., SUITE 474 FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/30/05 800-700-1388 Date Daytime Phone #



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0422908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/05/05-601004-002 150.00

**DO NOT WRITE  
IN THIS SPACE**