2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P9400003316 1. Entity Name SASSY ENTERPRISES INC.					4	05-01-2008	90236 041 *	·**150	0.00
Delivation L Dlag	e of Russianu	Mailing Address	ь		1				
Principal Plac		Mailing Address			<i>\$</i>				
1910 S. PINI OCALA, FL 3		1910 S. PINE AVE. Ocala, Fl. 34474	US						
OUNLA, IL 3	14474 03	OUALA, FL 34474	03						
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Principal Place of Business - No P.O Box # 3. Mailing Address			****						
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Suite. Apt. #, etc. Suite. Apt. #, etc.					04242008	Chg-P	CR2E034 (1	12/06)	
					04242000	Ong i	01(2200+)		
City & Stat	6	City & State			4. FEI Number			Ар	plied For
				59-3228	195		Not	Applicable	
Zip Country		Zip Cour		γ	5. Certificate of Status Desired S8.75 Additional				
			<u> </u>				T Fee I	Required	l
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agen	<u>t</u>	
			}	Name					
PASTORINO, ANTHONY T 1910 S PINE AVE OCALA, FL 34474				Street Address (P.O. Box Number is Not Acceptable)					
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OCALA, II	L 34474		Γ						
			-	<u> </u>				ip Code	
				City			FL ²	ip Code	•
B. The above	named entity submits this statement	or the purpose of changing its	s registered	d office or registe	red agent, or both,	in the State of Flo	orida. Tam famili	ar with, a	and accept
the obligat	tions of registered agent.								
SIGNATURE									
SIGNATURE.	Signature, typed or princed rame of registered age-	nt and title if applicable INO	HE Registered	Agent agnature require	d will an reinstating)		DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2008 Fee will be \$550	9. Election Campr .00 Trust Fund Con			.00 May Be led to Fees				
10.	OFFICIERS AN								
TITLE		DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11
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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 eath; 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 in changed, or on an atlantiment with an other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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