2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

407.469.3321

DOCU 1. Entity Nam S.A.T.T.,					O	903-23-2006 90	0 0001 019 ***150).00
Principal Plac	e of Business	Mailing Address			30-			
16913 LAKESIDE DR.		P.O. BOX 560009			1.5			
SUITE 12 MONTVERDE, FL 34756		MONTVERDE, FL 347	MONTVERDE, FL 34756					
PIONIVENDE	, FL 34/30				1 1000000 (O to	IKI Bibi ba ni ba ni ba ni ba ni) 10 104 (1010 (1010 (6100 (1110	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022006	Chg-P	CR2E034 (11/05	5)	
City & State		City & State		4. FEI Number 59-3224	992		Applied For Not Applicable	
Zip	Zip Country Zi		Country		5. Certificate of		□ \$8.75 A	dditional
-	- 6. Name and Address of Current	Registered Agent	<u> </u>	1	7. Name and A	ddress of New R	<u></u>	180
				Name	7. 110.110 0114 7.	-	98:010ta ×80111	
H. CURTIS HARRISON				Charles (DO Carles) And Annual (DO				
675 LINDEN ST. CLERMONT, FL 34711				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Ci	ode	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	ed office or registe	ered agent, or both,	in the State of Flo	rida. I am familiar wil	h, and accept
SIGNATURE							_	
	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE	
FIL After M	E NOW!!! FEE S \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con	~		5.00 May Be ded to Fees			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTO	
TITLE NAME	D HARRISON, W. CURTIS	☐ Delete	TITLE	l l			☐ Chang	e 🗀 Addition
STREET ADDRESS	675 LINDEN ST.			EET ADDRESS				
CITY-ST-ZIP	CLERMONT, FL 34711		CITY	'-ST-ZIP				
TITLE	D	☐ Delete	TITLE					
NAME	HARRISON, RUTH P			-			Chang	e 🔲 Addition
STREET ADDRESS			NAM	IE			Chang	Addition
CITY CT 210	675 LINDEN ST.		STRE	IE EET ADDRESS			☐ Chang	e Addition
CITY-ST-ZIP	CLERMONT, FL 34711		STRE	ie Eet address '-st-zip				İ
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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 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 AND TYPED OR PRINTED NAME OF BIONING OFF CHERYL L. THOM PSOF