2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P94000012936

Entity Name: S.A.T.T., INC.

Current Principal Place of Business:

16913 LAKESIDE DR.
SUITE 12
MONTVERDE, FL 34756

New Principal Place of Business:

16913 LAKESIDE DR.
SUITE 9
MONTVERDE, FL 34756

Current Mailing Address:

P.O. BOX 560009
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 59-3224992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

H. CURTIS HARRISON
675 LINDEN ST.
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRISON, W. CURTIS
Address: 675 LINDEN ST.
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: HARRISON, RUTH P
Address: 675 LINDEN ST.
City-St-Zip: CLERMONT, FL 34711

Title: TS ( ) Delete
Name: HARRISON, CURTIS H
Address: 675 LINDEN ST.
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete
Name: TWEED, KENNETH I
Address: 38636 C.R. 439
City-St-Zip: EUSTIS, FL 32726

Title: P ( ) Delete
Name: THOMPSON, CHERYL L
Address: 300 W WASHINGTON ST
City-St-Zip: MINNEOLA, FL 34755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL L. THOMPSON P 03/03/2009

Electronic Signature of Signing Officer or Director Date