2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021998

SUNRISE, FL 33351

City-St-Zip:

FILED Mar 29, 2007 Secretary of State

Entity Name: SAWGRASS ONE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5391 NOB HILL RD 5555 NOB HILL RD SUNRISE, FL 33351 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 5391 NOB HILL RD 5555 NOB HILL RD SUNRISE, FL 33351 SUNRISE, FL 33351 FEI Number: 65-0577508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLARD, ALAN B WILLARD, ALAN B 5391 NOB HILL RD 5555 NOB HILL RD SUNRISE, FL 33351 US SUNRISE, FL 33351 US 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: 03/29/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILLARD, ALAN B Name: Name: 5391 NOB HILL RD Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: Title: () Change () Addition () Delete WILLARD, DANNY Name: Name: 5391 NOB HILL RD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: ALAN BRUCE WILLARD 03/29/2007