
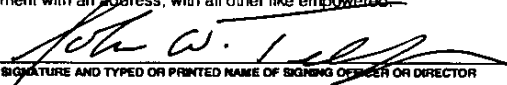


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90124 023 ***150.00

DOCUMENT # P96000044090 1. Entity Name SABLEWOOD BUILDING GROUP, INC.					
Principal Place of Business 937 PINEY-Z PLANTATION RD. TALLAHASSEE, FL 32311 US			Mailing Address 937 PINEY-Z PLANTATION RD. TALLAHASSEE, FL 32311 US		
2. Principal Place of Business 8966 S.E. MARS STREET		3. Mailing Address 8966 S.E. MARS STREET			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL		4. FEI Number 65-0678932	
Zip 33455		Country U.S.		Applied For Not Applicable	
Zip 33455		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TELFRI, JOHN W 937 PINEY-Z PLANTATION RD. TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name TELFRI, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 8966 S.E. MARS STREET _____ City HOBE SOUND FL Zip Code 33455		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TELFRI, JOHN W 937 PINEY-Z PLANTATION RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TELFRI, JOHN W. 8966 S.E. MARS STREET HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4-1-05 772-546-2260 Date Daytime Phone #		