


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 001 ***150.00

DOCUMENT # P96000044090 1. Entity Name SABLEWOOD BUILDING GROUP, INC.					
Principal Place of Business 8966 SOUTHEAST MARS STREET HOBE SOUND, FL 33455 US			Mailing Address 8966 SOUTHEAST MARS STREET HOBE SOUND, FL 33455 US		
2. Principal Place of Business - No P.O. Box # 9243 S.E. ADONIS STREET		3. Mailing Address 9243 S.E. ADONIS 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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TELFRIN, JOHN W 8966 SOUTHEAST MARS STREET HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Telfrin, John W. Street Address (P.O. Box Number is Not Acceptable) 9243 S.E. ADONIS 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, 2007 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 TELFRIN, JOHN W 8966 SOUTHEAST MARS STREET HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TELFRIN, John W. 9243 SE ADONIS street Hobe Sound, FL 33455	<input checked="" 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 exemptions contained 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 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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-16-07 Daytime Phone # cell 772-263-6850 772-546-2260	