## 2008 FOR PROFIT CORPORATION

## FILED Feb 14, 2008 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT # P96000050104 1. Entity Name SARNO INDUSTRIES, INC. Principal Place of Business Mailing Address 1096 NO U.S HWY #1 1096 NO U.S HWY #1 SUITE 109 SUITE 109 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 No Chg-P CR2E034 (11/05) 01292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3383318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent GALLUZZO, DOMINICK DO NOT WRITE 1096 NORTH U.S. HIGHWAY 1 ORMOND BEACH, FL 32174 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GALLUZZO, DOMINICK STREET ADDRESS 1096 NORTH U.S. HIGHWAY 1 CITY-ST-ZiP ORMOND BEACH, FL 32174 U00000827122 02/21/08-80076-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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 toexecute 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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-7IP

386-677-7070