
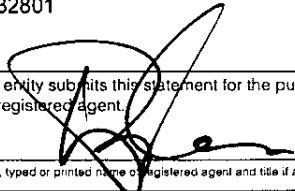
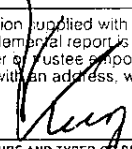


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -9 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000068528					
1. Entity Name SABADELL, INC.					
Principal Place of Business 255 S ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801		Mailing Address 255 S ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801			
2. Principal Place of Business - No P.O. Box # 420 S. Orange Ave.		3. Mailing Address 420 S. Orange Ave.			
Suite, Apt. #, etc. Suite 1200		Suite, Apt. #, etc. SUITE 1200			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801	Country U.S.A	Zip 32801	Country U.S.A	02262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ROSS, THOMAS T 255 S ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave City Tallahassee FL Zip Code 32301	
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  Kevin R. Roberts, President 4-9-07 (NOTE: Registered Agent signature required when reinstating)					
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	VSD AUFSEESSER, ERNST 20, CH. COLLADON, CH-1209 GENEVA SWITZERLAND, <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	TD KURZ, PETER 35, CH. DE LA SEYMAZ, CH-1253 VANDOEUVRES SWITZERLAND, <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	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19, CH-4054 BASEL SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500097569855 04/19/07--01032--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T 255 S ORANGE AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ross, Thomas T Suite 1200, 420 S. Orange Ave. Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAATHOFF, DWIGHT D 255 S. ORANGE AVE. ORLANDO, FL 32801 <input checked="" 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. Whereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, together 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:  P. Kurz, Treas. 3/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					