


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90014 015 \*\*\*150.00

**DOCUMENT # P98000082787**  
1. Entity Name  
SATELLITE INDUSTRIES, INC.



Principal Place of Business 249 POINCIANA DR. INDIAN HARBOUR BCH, FL 32937	Mailing Address 249 POINCIANA DR. INDIAN HARBOUR BCH, FL 32937
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**DO NOT WRITE IN THIS SPACE**

**66008174**



03202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DOWLING, GEORGE T  
249 POINCIANA DR.  
INDIAN HARBOUR BCH, FL 32937

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWLING, GEORGE T 249 POINCIANA DR. INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOWLING, COLLEEN A 249 POINCIANA DR. INDIAN HARBOR, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: George T. Dowling **GEORGE T. DOWLING** 28 Apr 2008 321-773-2084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #