Apr 21 05 11:16a

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Secretary of State

04-26-2005 90180 036 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000099091

1. Entity Name
SAGE JUNCTION, INC.

Principal Place of Business
102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444

Mailing Address
102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

04122006 Chg-P CR2E034 (10/03)

4. FEI Number: 81-0523283 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHWARTZ, ROBERT M
102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: ______

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARISER, PAUL S 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REID, LUCIE S 102 N SWINTON AVE DELRAY BEACH, FL 33444 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Paul S. Pariser 4/21/05 406-995-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #