2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005909

FILED May 08, 2006 Secretary of State

D000101E111#1 99000009909	Secretary or State
Entity Name: SAGE SYSTEMS TECHNOLOGY, INC.	
Current Principal Place of Business:	New Principal Place of Business:
513 PALMETTO AVE., STE 1B MELBOURNE, FL 32901	296 N. WICKHAM RD. MELBOURNE, FL 32935 US
Current Mailing Address:	New Mailing Address:
P.O. BOX 2327 MELBOURNE, FL 329022327	296 N. WICKHAM RD. MELBOURNE, FL 32935 US
FEI Number: 59-3068324 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
TRADER, J. RUDI 903 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US	
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
In accordance with s. $607.193(2)(b)$, F.S., the corporation did not receive telection Campaign Financing Trust Fund Contribution ().	the prior notice.
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: COLE, EDWARD Address: 513 PALMETTO AVENUE City-St-Zip: MELBOURNE, FL 32901	Title: PD (X) Change () Addition Name: COLE, CLARENCE E Address: 513 PALMETTO AVENUE City-St-Zip: MELBOURNE, FL 32901
Title: () Delete Name: Address: City-St-Zip:	Title: DVP () Change (X) Addition Name: COLE, WESLEY S Address: 504 PALMETTO AVENUE City-St-Zip: MELBOURNE, FL 32901 US
Title: () Delete Name:	Title: ST () Change (X) Addition Name: SCHOMMER, ALICE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE E. COLE PD 05/08/2006