

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005909

FILED
Jun 17, 2009
Secretary of State

Entity Name: SAGE SYSTEMS TECHNOLOGY, INC.

Current Principal Place of Business:

513 PALMETTO AVENUE
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

709 SILVER PALM .
STE. J
MELBOURNE, FL 32901 US

New Mailing Address:

513 PALMETTO AVE
MELBOURNE, FL 32901 US

FEI Number: 59-3068324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRADER, J. RUDI
903 E STRAWBRIDGE AVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLE, CLARENCE E
Address: 513 PALMETTO AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: DVP () Delete
Name: COLE, WESLEY S
Address: 817 PREAKNESS CIRCLE
City-St-Zip: MELBOURNE, FL 32904 US

Title: ST () Delete
Name: SCHOMMER, ALICE
Address: 513 PALMETTO AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

06/17/2009

Electronic Signature of Signing Officer or Director

Date