

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058108

Entity Name: SATELLITE CITY, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

5488 HOFFNER AVENUE, #304
ORLANDO, FL 32812

New Principal Place of Business:

7052 NARCOOSSEE RD.
SUITE #4
ORLANDO, FL 32822

Current Mailing Address:

5488 HOFFNER AVENUE, #304
ORLANDO, FL 32812

New Mailing Address:

7052 NARCOOSSEE RD.
SUITE #4
ORLANDO, FL 32822

FEI Number: 59-3586363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRONS, MARK S
5306 CRANE HILL COURT
ST. CLOUD, FL 34771 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRONS, MARK S
Address: 5306 CRANE HILL COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: VP () Delete
Name: IRONS, DEBBIE
Address: 5306 CRANE HILL COURT
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARK IRONS

PRES

01/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date