2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45531

Entity Name: SAGITTARIUS HOLDING COMPANY, INC.

FILED Feb 02, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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812 SWEETWATER CLB BLVD P.O. BOX 915115

LONGWOOD, FL 32779 US LONGWOOD, FL 32791 US

Current Mailing Address: New Mailing Address:

812 SWEETWATER CLB BLVD P.O. BOX 915115

LONGWOOD, FL 32779 US LONGWOOD, FL 32791 US

FEI Number: 59-3130668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALEXANDER, FLORENCE J

1173 SPRING CTR S BLVD

ALEXANDER, FLORENCE J

P.O. BOX 915 115

ALEXANDER, FLORENCE J

P.O. BOX 915 115

ALEXANDER, FLORENCE J

P.O. BOX 915 115

ALTAMONTE SPRINGS, FL 32714 US LONGWOOD, FL 32791 US

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: DR. FLORENCE ALEXANDER 02/02/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ALEXANDER, FLORENCE, J. ALEXANDER, FLORENCE, J. Name: Name: 812 SWEETWATER CLBBLVD Address: P.O. BOX 915115 Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32791

Title: VP () Delete Title: () Change () Addition

 Name:
 DOLAN, LAWRENCE E
 Name:

 Address:
 500 E JACKSON ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 DOLAND, SARAH E
 Name:

 Address:
 500 E JACKSON ST
 Address:

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. FLORENCE ALEXANDER P 02/02/2005