## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45531

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32801

( ) Delete

FILED Jan 09, 2008 Secretary of State

Entity Nai	me: SAGITTAF	RIUS HOLDING COMPANY, I	NC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:				
	ETWATER CLU OD, FL 32779	B BLVD US					
Current M	lailing Address	<b>::</b>	New Maili	New Mailing Address:			
P.O. BOX LONGWO	915115 OD, FL 32791	US					
FEI Number:	: 59-3130668	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	(X)	
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
812 SWEE	ER, FLORENCI ETWATER CLU OD, FL 32779						
	named entity so e of Florida.	ubmits this statement for the	purpose of changing i	ts registered	office or registered agent, o	r both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () I ALEXANDER, FL P.O. BOX 91511 LONGWOOD, FL	5	Title: Name: Address: City-St-Zip:	P ( ALEXANDER, P.O. BOX 915 LONGWOOD	5115		
Title: Name: Address: City-St-Zip:	VP () I DOLAN, LAWRE 500 E JACKSON ORLANDO, FL 3	ST	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address:	ST ()  DOLAN, SARAH 500 E JACKSON		Title: Name: Address:	(	) Change ( ) Addition		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DR. FLORENCE ALEXANDER **PRES** 01/09/2008

( ) Change (X) Addition

ALEXANDER, STANLEY SR.

LONGWOOD, FL 32779

812 SWEETWATER CLUB BLVD