


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000007738

1. Entity Name
SAE ENTERPRISES, INC.



Principal Place of Business
2615 BRENTWOOD ROAD
BEXLEY, OH 43209

Mailing Address
2615 BRENTWOOD ROAD
BEXLEY, OH 43209

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BDB AGENT CO.
5355 TOWN CENTER ROAD, SUITE 900
BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MENDELSON, AVA G 2615 BRENTWOOD ROAD BEXLEY, OH 43209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT MENDELSON, EDWARD 2615 BRENTWOOD ROAD BEXLEY, OH 43209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MENDELSON, JORDAN 2615 BRENTWOOD ROAD BEXLEY, OH 43209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200133142632
07/18/08--01044--002 **150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Mendelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7/13/08* 614-519-7788
Daytime Phone #

EDWARD MENDELSON

7/16/08

FILED
08 JUL 16 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3610512

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required