

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 263157

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: S.A.I., INC.

## Current Principal Place of Business:

2595 24 AVENUE N  
ST.PETERSBURG, FL 33713 US

## New Principal Place of Business:

2595 24 AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

## Current Mailing Address:

2595 24 AVENUE N  
ST.PETERSBURG, FL 33713 US

## New Mailing Address:

2595 24 AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

FEI Number: 59-0993472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHANNON, ROBERT J PRES  
2595 24TH AVENUE NORTH  
SAINT PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

SHANNON, ROBERT J PRES  
2595 24TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 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:

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: SHANNON,ROBERT F,  
Address: 2595 24TH AVE. NORTH  
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: PD (X) Delete  
Name: SHANNON, ROBERT J.,  
Address: 2595-24TH AVE.,N.  
City-St-Zip: ST.PETERSBURG, FL 33713 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHANNON, ROBERT J  
Address: 2595 24TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

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: ROBERT J. SHANNON

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date