


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90002 047 ****61.25

DOCUMENT # N02000008023

1. Entity Name
SAEVN, INC.



Principal Place of Business
7139 PRESTWICK UNIVERSITY PARK, FL 34201

Mailing Address
7139 PRESTWICK UNIVERSITY PARK, FL 34201

2. Principal Place of Business
7340 Barclay Ct.
 Suite, Apt. #, etc.

3. Mailing Address
7340 Barclay Ct.
 Suite, Apt. #, etc.

City & State
University Park, FL

City & State
University Park, FL

Zip
34201 Country
USA

Zip
34201 Country
USA



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
14-1852151 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LYNCH, JARVIS D JR.
7139 PRESTWICK UNIVERSITY PARK, FL 34201

7. Name and Address of New Registered Agent
 Name
LYNCH, JARVIS D. JR.
 Street Address (P.O. Box Number is Not Acceptable)
9628 Gretna Green Dr.
 City
Tampa FL Zip Code
33626

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PENNEKAMP, JEAN M S/T 7627 HEATHFIELD CT UNIVERSITY PARK, FL 34201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CROUCH, RICHARD S/T 7301 Chatsworth Ct. University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JARVIS D P 7139 PRESTWICK CT. UNIVERSITY PARK, FL 34201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JARVIS D. P 9628 Gretna Green Dr. Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLSON, THOMAS C V 7353 EATON CT UNIVERSITY PARK, FL 34201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUXIER, GLENDA V 7340 Barclay Ct. University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Jarvis D. Lynch Jr.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **2/8/06** Daytime Phone # **(813) 792-5235**