


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90222 042 ***150.00

DOCUMENT # P01000029981

1. Entity Name
SAVING GRACE INTERNATIONAL, INC.



Principal Place of Business Mailing Address
5901 SW 102 ST **PO BOX 566004**
MIAMI, FL 33156 **MIAMI, FL 33256-6004**

60042858



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2688 Riviera Court **2688 Riviera Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State City & State
Weston, Florida **Weston, Florida**
 Zip Country Zip Country
33332 **33332** **33332**

4. FEI Number Applied For
65-1085645 Not Applicable

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

6. Name and Address of Current Registered Agent
BRINEGAR, BOBBIE
5901 SW 102 ST
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name **Bobbie Brinegar**
 Street Address (P.O. Box Number is Not Acceptable)
2688 Riviera Court
 City **Weston** FL Zip Code **33332**

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: *Bobbie Brinegar* DATE: **4/25/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINEGAR, BOBBIE A 5901 SW 102 ST MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brinegar Bobbie 2688 Riviera Court Weston, Florida 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Bobbie Brinegar* **Bobbie Ann Brinegar** DATE: **4/25/07** Daytime Phone #: **305 957-7204**
Signature and typed or printed name of signing officer or director