. . . 2008 FOR PROFIT CORPORATION

~ FILED Feb 27, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P01000029981 SAVING GRACE INTERNATIONAL, INC. and the second Principal Place of Business Mailing Address 2688 RIVIERA COURT 2688 RIVIERA COURT WESTON, FL 33332 WESTON, FL 33332 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1085645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRINEGAR, BOBBIE DO NOT WRITE 2688 RIVIERA COURT WESTON, FL 33322 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PΩ TITLE BRINEGAR, BOBBIE A NAME STREET ADDRESS 2688 RIVIERA COURT WESTON, FL 33332 CITY-ST-ZIP U0Ó000841084 03/10/08-80003-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 chapter or or an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #