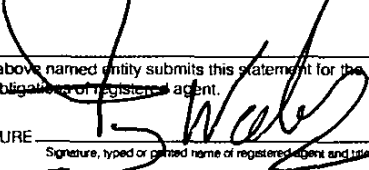
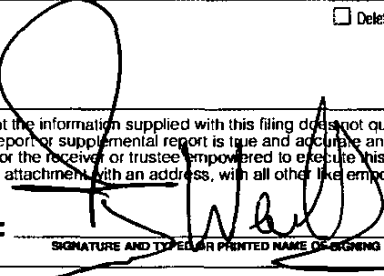


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90086 019 ***158.75

DOCUMENT # P01000045675 1. Entity Name SAVEMOR SUPPLY CO.					
Principal Place of Business 5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023			Mailing Address 5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023		
2. Principal Place of Business 5837 DAWSEN SE. Suite, Apt. #, etc. Suite D		3. Mailing Address 5837 DAWSEN SE Suite, Apt. #, etc. Suite D			
City & State Hollywood FL Zip 33023		City & State Hollywood, FL. Zip 33023		4. FEI Number 65-1100398 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				05022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WEDDERBURN, TONY 5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent Name Tony Wedderburn Street Address (P.O. Box Number is Not Acceptable) 5837 DAWSEN SE. Suite D City Hollywood FL Zip Code 33023		
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 obligation of registered agent.					
SIGNATURE  DATE 5/1/05 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 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEDDERBURN, CYRIL A 5837 DAWSEN ST., STE D HOLLYWOOD, FL 33023 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 5/1/05 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					