## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90271 045 \*\*\*150.00

DOCUMENT # P03000144997  1. Entity Name SAVANNAH'S INC.					04-23-2007 90271 045 ***150.00					
Principal Place	e of Business	Mailing Address			40077881	3				
1252 CARDINAL LANE DELAND, FL 32720		1252 CARDINAL LANE DELAND, FL 32720								
		- A4 70								
2. Principal Pl 2705 Suite, Apt.	ace of Business - No P.O. Box #  // S Hw+/7 NO #, etc.	3. Mailing Address 3705 US Ho Suite, Apt. #, etc.	WY 17 NO				IBE 11 10 12			
				04162007	Chg-P	CR2E034 (12/06)				
	and FL	Deland F	<u> </u>	4. FEI Numb 20-046		No	plied For t Applicable			
Zip	720 US	<sup>Zip</sup> ろみてみひ	Country	5. Certificate	of Status Desired	□ \$8.75 Add Fee Required	itional J			
	6. Name and Address of Current R			7. Name and	Address of New R	egistered Agent				
GATENA,	SHADON		Name /	Sater	Sharor	1				
	DINAL LANE	Street Address (P.O. Box Number is Not Acceptable)								
			8	705 US	-wy 17	NO				
			City	Doland	•	FL Zin Code	, <u> </u>			
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. Lam familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
- FILE NOW!!! FEE IS:\$150:00 9. Election Campaign Final After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution				\$5.00 May Be Added to Fees						
10.	OFFICERS AND D	DIRECTORS	11.		CHANGES TO OFFI	CERS AND DIRECTORS	SIN 11			
TITLE	PVST	☐ Delete	TITLE	PUST	<b>1</b>	Change	Addition			
NAME STREET ADDRESS	GATENA, SHARON 1252 CARDINAL LANE		NAME Street Adoress	Gatewa, S 3705 US	Maron Yinkiy nv	<b>\</b>				
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP	Deland B	7. 32720	, ,				
TITLE		☐ Delete	TITLE		<u> </u>	☐ Change	☐ Addition			
NAME OTHER LIDERESS			NAME				İ			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME			NAME .							
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME		Delete	NAME			Critarige				
STREET ADDRESS CITY-\$1-ZIP			STREET ADDRESS CITY-ST-ZIP				ı.			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME STREET ADDRESS			. Name Street address							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		n <del></del>	☐ Change	Addition			
NAME Street Address			NAME Street Address							
CITY+ST-ZIP			CITY-ST-ZIP							
12. I hereby o	ertify that the information supplied with I	this filing does not qualify for t	he exemptions of	ontained in Chanter 11	Florida Statutos I	further cortifu that the in	formation			

indicated on this report or supplied with this intrigues not quality 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: Show 1st	5 haron Caterra	41707	386.9850	1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O	OFFICER OR DIRECTOR	Date	Daytime Phone #	
				1