2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P06000067114

Entity Name: SAAB CORPORATION

Current Principal Place of Business:

798 NW 91 TERRACE
PLANTATION, FL 33324 US

New Principal Place of Business:

18921 NW 19 STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

798 NW 91 TERRACE
PLANTATION, FL 33324 US

New Mailing Address:

18921 NW 19 STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 03-1057931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAAB, DAWN P MS.
798 NW 91 TERRACE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SAAB, DAWN P MS.
18921 NW 19 STREET
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIRE ( ) Delete
Name: MCPHERSON, ZONA A MS.
Address: 12222 SW 6ST
City-St-Zip: PEMBROOKE PINES, FL 33325 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OWNE ( ) Change (X) Addition
Name: BURROUGHS, SACHA G OWNER
Address: 18921 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: OWNE ( ) Change (X) Addition
Name: CAMERON, KIRK F OWNER
Address: 18921 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SACHA BURROUGHS OWNE 04/29/2008
Electronic Signature of Signing Officer or Director — Date