

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90271 018 \*\*\*150.00

<b>DOCUMENT # P01000029981</b> 1. Entity Name <b>SAVING GRACE INTERNATIONAL, INC.</b>					
Principal Place of Business <b>625 ALMERIA AVENUE #3 MIAMI, FL 33134</b>			Mailing Address <b>625 ALMERIA AVENUE #3 MIAMI, FL 33134</b>		
2. Principal Place of Business <b>5901 S.W. 102 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 566004</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL 33156</b> Zip <b>33156</b>		City & State <b>Miami, FL</b> Zip <b>33256-6004</b>		4. FEI Number <b>65-1085645</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRINEGAR, BOBBIE 625 ALMERIA AVENUE CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Brinegar, Bobbie</b> Street Address (P.O. Box Number is Not Acceptable) <b>5901 S.W. 102 ST.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>		
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 <u><i>Bobbie Ann Brinegar</i></u> <b>4/27/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINEGAR, BOBBIE A 625 ALMERIA AVENUE #3 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brinegar, Bobbie A. 5901 S.W. 102 ST. Miami, FL 33156
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Bobbie Ann Brinegar President</u> <b>4/27/05 (305) 665-9722</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>Bobbie Ann Brinegar</b>					

14010383



04272005 Chg-P CR2E034 (10/03)