

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 167507

Entity Name: SAVASORT INC

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

6811 GARDEN RD
WEST PALM BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

6811 GARDEN RD
WEST PALM BEACH, FL 33404 US

New Mailing Address:

FEI Number: 59-0665212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELMORE, PHILLIP
14550 CRAZY HORSE LANE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELMORE, PHILLIP
Address: 14550 CRAZY HORSE LANE
City-St-Zip: PALM BEACH GRDNS, FL 334187969

Title: STD () Delete
Name: ELMORE, DANA
Address: 14550 CRAZY HORSE LANE
City-St-Zip: PALM BEACH GRDNS, FL 334187969

Title: VP () Delete
Name: GRAUDS, JEAN
Address: 3501 VILLAGE BLVD 301
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: GRAUDS, JEAN
Address: 6180 COMMON CIRCLE, APT. 209
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP ELMORE

Electronic Signature of Signing Officer or Director

PRES

01/13/2005

Date