



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 002 ***150.00

DOCUMENT # F01000005662 1. Entity Name SAVINGS PATH, INC.					
Principal Place of Business 1100 TOWN & COUNTRY ROAD, SUITE 1100 ORANGE, CA 92868			Mailing Address 1100 TOWN & COUNTRY ROAD 12TH FLOOR ORANGE, CA 92868		
2. Principal Place of Business - No P.O. Box # 1100 TOWN & COUNTRY Rd Ste 1200		3. Mailing Address Suite, Apt. #, etc.			
City & State Orange CA		City & State		03212008 Chg-P CR2E034 (12/06)	
Zip 92868		Country USA		4. FEI Number 33-0985164	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MOREFIELD, KEVIN		TITLE Michael O. Gibson Jr / Pres	NAME 1100 Town & Country Rd Ste 1200	
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		STREET ADDRESS Orange CA	CITY-ST-ZIP 92868	
TITLE TCFO	NAME CHRISTENSEN, KAREN		TITLE Stacy Madigan / CFO	NAME 1100 TOWN & COUNTRY Rd Ste 1200	
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		STREET ADDRESS Orange CA	CITY-ST-ZIP 92868	
TITLE EVPD	NAME GRAZER, JOHN P		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		TITLE Adam J. Bass / Director		
CITY-ST-ZIP ORANGE, CA 92868	CITY-ST-ZIP ORANGE, CA 92868		NAME 1100 Town & Country Rd Ste 1200		
TITLE SEVD	NAME BASS, ADAM J		STREET ADDRESS Orange CA 92868		
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		CITY-ST-ZIP ORANGE, CA 92868		
TITLE AS	NAME TIBEREND, DIANE E		CITY-ST-ZIP Orange CA 92868		
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		TITLE Diane E. Tiberend / Sec		
CITY-ST-ZIP ORANGE, CA 92868	CITY-ST-ZIP ORANGE, CA 92868		NAME 1100 TOWN & COUNTRY Rd Ste 1200		
TITLE AS	NAME BOLTON, POLLY		STREET ADDRESS Orange CA 92868		
STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100	CITY-ST-ZIP ORANGE, CA 92868		CITY-ST-ZIP ORANGE, CA 92868		
12. I hereby certify that the information supplied with this filing does not qualify 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____ <small>Daytime Phone #</small>		