


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000004806 1. Entity Name SAVAGE SERVICES CORPORATION	
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Principal Place of Business 6340 S. 3000 EAST #600 SALT LAKE CITY, UT 84121	Mailing Address 6340 S. 3000 EAST #600 SALT LAKE CITY, UT 84121
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 87-0237425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

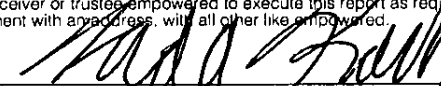
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALEXANDER, ALLEN B 6340 S. 300 E. #600 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VAS LEWIS, H. BENSON 6340 S. 3000 E. #600 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS JENSEN, JAMES T 6340 S. 3000 E. #600 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DOWD, CURT 6340 S. OCEAN S. 3000 E. #600 SALT LAKE CITY, UT 84121
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11000000003256
04/30/08-80038-024 150.00

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:  **Tad Koch** **1-4-08** **801-944-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #