2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# F99000004998

Entity Name: SAVONHBC.COM, INC.

Current Principal Place of Business:

5400 BROKEN SOUND BLVD
100
BOCA RATON, FL 33487

New Principal Place of Business:

5400 BROKEN SOUND BLVD, NW
100
BOCA RATON, FL 33487

Current Mailing Address:

161 NORTH CLARK, SUITE 2600
CHICAGO, IL 60601

New Mailing Address:

161 NORTH CLARK STREET
2600
CHICAGO, IL 60601

FEI Number: 65-0948074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCD ( ) Delete
Name: RICCIARDI, SALVATORE
Address: 5400 BROKEN SOUND BLVD., N.W. 100
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete
Name: GENIN, LYLE S
Address: 161 N CLARK ST STE 2600
City-St-Zip: CHICAGO, IL 60601

Title: D (X) Delete
Name: LEVITETZ, JEFFREY
Address: 5400 BROKEN SOUND BLVD., N.W. 100
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVITETZ, JEFFREY A
Address: 5400 BROKEN SOUND BLVD., NW #100
City-St-Zip: BOCA RATON, FL 33487

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYLE S. GENIN S 04/20/2006

Electronic Signature of Signing Officer or Director — Date