2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # H66880** 04-25-2007 90193 003 ***158.75 1. Entity Name SAXON ENTERPRISES, INC. ZUUU4*14 Principal Place of Business Mailing Address 18745 SE FEDERAL HWY 18745 SE FEDERAL HWY TEQUESTA, FL 33469 US TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 416 Clematis St. 116 Clematis 02202007 Cha-P CR2E034 (12/06) 4. FEI Number Applied For Beach 59-2575493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBENFELD, DAREN L 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33469 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. the obligations of registered agent SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change : Delete NAME NAME MILLER, ROBERT L 416 Clematis St 18745 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS West Palm Beach, FC CITY-ST-ZIP TEQEUSTA, FL CITY-ST-ZIP TITLE Rubenfeid, Daven ☐ Addition TITLE ☐ Delete NAME RUBENFELD, DAREN L NAME 416 Clematis St STREET ADDRESS 18745 SE FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, FL 33469 West Palm Beach, 12 TITLE Delete TITLE AUSTIN, CHRISTOPHER NAME NAME 416 ilcmatis st STREET ADDRESS 18745 SE FEDERAL HWY STREET ADDRESS West Palm Beach, Fi CITY-ST-ZIP TEQUESTA, FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #