2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90407 031 ***158.75

DOCUMENT # H73870

1. Entity Name
TREE SAVER INCORPORATED

50008444

03312006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
532 ANCHORAGE DR. S NORTH PALM BEACH, FL 33408	532 ANCHORAGE DR. S NORTH PALM BEACH, FL 33408

2. Principal Place of Business	3. Mailing Address
11066 54th St. N Suite, Apt. #, etc.	P.O. Box 210847 Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: Royal Palm Beach, FL
Zip: 33411 Country: Palm Beach	Zip: 33421 Country: Palm Beach

4. FEI Number: 59-2602221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRONENWETT, DUANE 532 ANCHORAGE DR. S. NORTH PALM BEACH, FL 33408	Name: Miriam A. Maxwell Street Address (P.O. Box Number is Not Acceptable): 11066 54th St. N. City: West Palm Beach FL Zip Code: 33411

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: Miriam A. Maxwell Miriam A. Maxwell, V. Pres. 3/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CRONENWETT, SHIRLEY 911 RAILROAD AVE W PALM BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Richard Maxwell 11066 54th St. N. West Palm Beach, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRONENWETT, DUANE 532 ANCHORAGE DR NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/T Miriam A. Maxwell 11066 54th St. N. West Palm Beach, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUNTS, JONI 6496 NAMON WALLACE DR CUMMING, GA 30130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALTON, LAURA 850 LLOYD RD DUNDEE, MI 48131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Richard Maxwell Richard Maxwell, Pres. 3/31/06 (561)790-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #