

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36399

Entity Name: SARVINAS, INC.

FILED  
Apr 29, 2006  
Secretary of State

**Current Principal Place of Business:**

297 POWER CT.  
SUITE 101  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

297 POWER CT.  
SUITE 101  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 59-2750271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHIGHAM, FRANK C  
200 WEST FIRST STREET, SUITE 22  
SANFORD, FL 32771 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: PD ( ) Delete  
Name: SARVINAS, WILLIAM  
Address: 905 PINE WAY  
City-St-Zip: SANFORD, FL 32773

Title: STVP ( ) Delete  
Name: SARVINAS, CAROL  
Address: 905 PINE WAY  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM G. SARVINAS

PD

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date