2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNUAL REPORT			Apr 25, 2008 08:0		
DOCUMENT # K51287 1. Entity Name SAWTOOTH, INC.					Secretary of Sta
Principal Place of Business 169 TEQUESTA DRIVE, SUITE #22-E TEQUESTA, FL 33469	Mailing Address 169 TEQUESTA DRIVE, SUITE : TEQUESTA, FL 33469	≠22- E			H BIBIN BIBIN BIBIN BIRN BIRN BIRNE KIDARBE KI ILEL
•	E IN THIS SPA	CE	01152008 4. FEI Numbe 65-0093	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Curre CONCEPCION, CARLOS F., P.A. 999 PONCE DE LEON #1015 CORAL GABLES, FL 33134	nt Registered Agent			NOT W	
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$55	gern and Mile & applicable INOTE Registers 9. Election Campaign Final	nd Agent signature require		n, in the State of Fl	orida. I am familiar with, and accept
10. OFFICERS A IIILE D NAME BOUCHER, ROBERT F. STREET ADDRESS 169 TEQUESTA DR. CITY-ST-ZIP TEQUESTA, FL IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND DIRECTORS				—
TIVLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/22/08

561.575.2\$(1

Daytime Phone #