



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90002 047 ****61.25

DOCUMENT # N02000008023 1. Entity Name SAEVN, INC.					
Principal Place of Business 7139 PRESTWICK UNIVERSITY PARK, FL 34201			Mailing Address 7139 PRESTWICK UNIVERSITY PARK, FL 34201		
2. Principal Place of Business 7340 Barclay Ct. Suite, Apt. #, etc.		3. Mailing Address 7340 Barclay Ct. Suite, Apt. #, etc.			
City & State University Park, FL Zip 34201 Country USA		City & State University Park, FL Zip 34201 Country USA		4. FEI Number 14-1852151	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LYNCH, JARVIS D JR. 7139 PRESTWICK UNIVERSITY PARK, FL 34201			7. Name and Address of New Registered Agent Name LYNCH, JARVIS D. JR. Street Address (P.O. Box Number is Not Acceptable) 9628 Gretna Green Dr. City Tampa FL Zip Code 33626		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PENNEKAMP, JEAN M S/T 7627 HEATHFIELD CT UNIVERSITY PARK, FL 34201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CROUCH, RICHARD S/T 7301 Chatsworth Ct. University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JARVIS D P 7139 PRESTWICK CT. UNIVERSITY PARK, FL 34201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, JARVIS D. P 9628 Gretna Green Dr. Tampa FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLSON, THOMAS C V 7353 EATON CT UNIVERSITY PARK, FL 34201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUXIER, GLENDA V 7340 Barclay Ct. University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <i>Jarvis D. Lynch Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/8/06 Daytime Phone # (813) 792-5235		