


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/26/2005-90026-016-\$61.25-\$61.25

DOCUMENT # N03000005500 1. Entity Name SAVOR OUR SOLUTIONS, INC.	
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Principal Place of Business 916 BAYSHORE DRIVE ENGLEWOOD, FL 34223-2204	Mailing Address 1811 ENGLEWOOD ROAD BOX #172 ENGLEWOOD, FL 34223
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FILED
05 SEP 19 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2361943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEEN, GLORIA
916 BAYSHORE DRIVE
ENGLEWOOD, FL 34223-2204

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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 *Gloria Theen* *Executive Director* 7-19-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEEN, GLORIA 916 BAYSHORE DRIVE ENGLEWOOD, FL 342232204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAEFFER, SUSANNE 842 NOKOMIS AVE. VENICE, FL 34295
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEEN, G. HOPE 372 BRIARWOOD ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZOTT, JENNIFER 5850 CYPRESS GARDENS BLVD. #601 WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, BERTA 23 NOTRE DAME STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gloria Theen* *Gloria Theen* 9-13-05 941-474-3608
Signature and typed or printed name of signing officer or director Date Daytime Phone #