2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N07000007286**

FILED Sep 09, 2008 8:00 am Secretary of State

1. Entity Name SAVE OUR CONSTITUTION, INC.								08-13-200	8 90003	007 ***	*61.25
Principal Place of Business Mailing A 516 N ADAMS 516 N A TALLAHASSEE, FL 32301 TALLAHA							66016409				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. *, etc.			Suite	Suite, Apt. #, etc.				Chg-NP	CR2E03	7 (12/06)	
City & State			City	City & State			4. FEI Numbe	26-03682	215		oplied For of Applicable
Zip	Country Z		Zip	p Count		ntry	5. Certificate of Status Desired S8.75			8.75 Add	ditional d
6. Name and Address of Current Registers			t Registered				7. Name and Address of New Registered Agent				
FRENCH, JOHN H 1531 LIVE OAK DR TALLAHASSEE, FL 32301						Name Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Cod	_
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the obligat	named entit	ly submits this statement f tered agent.	for the purpos	e of changing its r	egistere	ed office ar registe	ered agent, or bot	h, in the State of Flo	orida. I am la	amiliar with,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agen	nt and little if applic	NOTE.	Regulered	d Agent eigheture require	od when reinstating)		DATE		
Filling Fee Is \$61.25 Due by September 12, 2008 9. Election Campaig Trust Fund Contril											
D							\$5.00 May Bo Added to Fees		ake check ida Depart		
10.			DIRECTORS				Added to Fees		ida Depart	ment of St	tate
10. TITLE NAME STREET ADDRESS	P BISHOP, 516 N. AU	OFFICERS AND D BARNEY DAMS ST	DIRECTORS		11. TITLE RAMI	E ET ADDRESS	Added to Fees	Flor	ida Departi RS AND DIR	ment of St	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	P BISHOP, 516 N. AU TALLAHA	OFFICERS AND D	DIRECTORS	Trust Fund Co	11. TITLE NAMI STREE	E ET ADDRESS	Added to Fees	Flor	Ida Depart	ECTORS IN	tate 110 Addition
10. TITLE NAME STREET ADDRESS	P BISHOP, 516 N. AL TALLAHA VP THRASHI 516 N. AL	OFFICERS AND D BARNEY DAMS ST ASSEE, FL 32301 ER, JOHN E	DIRECTORS	Trust Fund Co	11. TITLE NAMI STREE CITY TITLE NAMI STREE	E ET ADDRESS	Added to Fees	Flor	Ida Depart	ment of SI ECTORS IN	tate
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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 eath; 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: