

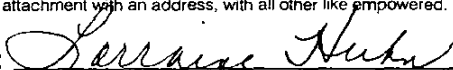


FILED
Apr 30, 2008 8:00 am
Secretary of State

60034019



DOCUMENT # N07000010079				Secretary of State 04-30-2008 90195 008 *****61.25	
1. Entity Name SAVE OUR LITTLE VILLAGE, INC.					
Principal Place of Business 6370 GULF BOULEVARD ST. PETE BEACH, FL 33706		Mailing Address 6370 GULF BOULEVARD ST. PETE BEACH, FL 33706		60034019 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 66663		01152008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 26-1242370	
City & State		City & State St. Pete Beach		Applied For Not Applicable	
Zip	Country	Zip 33736	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUHN, LORRAINE 9425 BLIND PASS ROAD ST. PETE BEACH, FL 33706				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		<input type="checkbox"/> Delete	TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LORRAINE HUHN	
STREET ADDRESS			STREET ADDRESS	9425 BLIND PASS RD	
CITY - ST - ZIP			CITY - ST - ZIP	ST PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHANNES F. GOITWALD	
STREET ADDRESS			STREET ADDRESS	102 - 23rd Ave S	
CITY - ST - ZIP			CITY - ST - ZIP	ST PETE BEACH, FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DEBORAH NECKLAUS	
STREET ADDRESS			STREET ADDRESS	5380 GULF BLVD.	
CITY - ST - ZIP			CITY - ST - ZIP	ST PETE BEACH, FL 33706	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 4/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		