


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N12012	
1. Entity Name SAL'S SAVE A LIFE, INC.	

Principal Place of Business C/O SALVATORE J. BELLASSAI, SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334	Mailing Address C/O SALVATORE J. BELLASSAI, SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334
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03302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2306541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELLASSAI, SALVATORE J., SR. 4033 NORTHEAST 9TH AVENUE OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PO BELLASSAI, SALVATORE J. SR. 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BELLASSAI, SALVATORE J. SR. 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLASSAI, SHIELA 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLASSAI, JOHN 4033 NE 9TH AVE. OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80039-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4/5/06** **754-664-5488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #