


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000876</b> 1. Entity Name <b>SAVE WHAT'S LEFT, INC.</b>	
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Principal Place of Business <b>7201 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3206 NW 89TH WAY #225 CORAL SPRINGS, FL 33065 US</b>
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**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0448062</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVENEY, CHARLES  
3206 NW 89TH WAY  
CORAL SPRINGS, FL 33065**

**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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVENEY, BRIAN 3206 NW 89TH WAY CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERT, CHRISTA 6233 NW 47TH CT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVENEY, MARY 3206 NW 89TH WAY CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVERT, JAMES 6233 NW 47TH CT CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/02/06 60026-022 61.25

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: Charles A. Devaney **FEB 9<sup>th</sup> 2006 754-322-0512**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #