2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N93000000876

Entity Name: SAVE WHAT'S LEFT, INC.

Current Principal Place of Business:

7201 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

6233 NW 47TH CT
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0448062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COVERT, CHRISTA
6233 NW 47TH CT
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CORDERO, MELISSA
Address: 1550 SE WILSHIRE PL #202
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: COVERT, CHRISTA
Address: 6233 NW 47TH CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: HEMINGWAY, SCOTT
Address: 2303 SE 14TH ST
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: COVERT, JAMES
Address: 6233 NW 47TH CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KREBS, RICHARD
Address: 995 82ND CT
City-St-Zip: VERO BEACH, FL 32966

Title: D ( ) Delete
Name: KREBS, SUE
Address: 995 82ND CT
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTA COVERT D 01/25/2009

Electronic Signature of Signing Officer or Director — Date