



FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 028 ****70 00

DOCUMENT # N93000002722						Secretary of State	
1. Entity Name SALVARE, INC.				09-04-2007 90040 028 ****70.00			
Principal Place of Business 14540 CORTEZ BLVD SUITE 202 BROOKSVILLE, FL 34613 US				Mailing Address PO BOX 6179 SPRING HILL, FL 34611 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOHNSTON, DARRYL 29 S. BROOKSVILLE AVE. BROOKSVILLE, FL 34601				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 14, 2007				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 NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
T NICOLAI, KAREN 20 N MAIN ST RM 130 BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete				T Alan Archbold Po Box 37 Brooksville FL 34605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
VP NUGENT, RICHARD 1890 CORTEZ BLVD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete				VP NUGENT, RICHARD 1890 CORTEZ BLVD BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD ROBINSON, HANNAH N 20 N MAIN STREET RM 460 BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete				PD ROBINSON, HANNAH N 20 N MAIN STREET RM 460 BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
A1 JOY, BARBARA 3296 HISBUSOUS DRIVE SPRING HILL, FL 34607 <input checked="" type="checkbox"/> Delete				Secretary Elizabeth Jennings 1046 Quality Drive Spring Hill FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D ANDREWS, DEBORAH PO BOX 6071 SPRING HILL, FL 34611 <input type="checkbox"/> Delete				D ANDREWS, DEBORAH PO BOX 6071 SPRING HILL, FL 34611 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D ANDREWS, DEBORAH PO BOX 6071 SPRING HILL, FL 34611 <input type="checkbox"/> Delete				D ANDREWS, DEBORAH PO BOX 6071 SPRING HILL, FL 34611 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or without other like empowered.							
SIGNATURE: 				8/28/07 3526847191			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			