2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Mar 24, 2008 08:00 A **DOCUMENT # P00000014521 Secretary of State** 1. Entity Name SAUNDERS, INC. Principal Place of Business Mailing Address 4502 W ROSEMERE RD PO BOX 18343 TAMPA, FL 33679-8343 **TAMPA, FL 33609** 03172008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3330660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SAUNDERS, LINDA G 4502 W ROSEMERE RD TAMPA, FL 33609 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. DATE (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE SAUDERS, LINDA G NAME 4502 W ROSEMERE RD STREET ADDRESS U00000867097 CITY-ST-ZIP TAMPA, FL 33609 04/08/08-80056-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP DIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

FILED