2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# P01000045189

Entity Name: SAV ENTERPRISE, INC.

Current Principal Place of Business:

1544 MARKET CIRCLE
#1104
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1544 MARKET CIRCLE
1104
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 59-3720129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIGLIOTTI, SALVATORE A PRES.
7299 FINNEGAN ST.
PORT CHARLOTTE, FL 33981 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: V.P. ( ) Delete
Name: VIGLIOTTI, JOANNE V.P.
Address: 7299 FINNEGAN ST.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: SEC. ( ) Delete
Name: VIGLIOTTI, VANESSA C SEC.
Address: 12407 PARAMOUNT DR.
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGD ( ) Delete
Name: VIGLIOTTI, DENNIS S MGD
Address: 1409 KENMORE ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR (X) Delete
Name: KOLOGINSKI, EDWARD W MGR
Address: 1161 HURTIG AVE.
City-St-Zip: PORT CHARLOTTE, FL 33941

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE A. VIGLIOTTI PRES 02/27/2006

Electronic Signature of Signing Officer or Director — Date