2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045189

City-St-Zip:

PORT CHARLOTTE, FL 33981

FILED Apr 30, 2007 Secretary of State

Entity Name: SAV ENTERPRISE, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
#1104	KET CIRCLE ARLOTTE, FL	33953			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
# 1104	KET CIRCLE ARLOTTE, FL	33953			
FEI Number:	59-3720129	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
VIGLIOTTI, SALVATORE A PRES. 7299 FINNEGAN ST. PORT CHARLOTTE, FL 33981 US VIGLIOTTI, SALVATORE A PRES. 5393 KENNEL ST. PORT CHARLOTTE, FL 33981 US 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: SALVATORE A VIGLIOTTI				04/30/2007	
		ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V.P. () VIGLIOTTI, JOA 5393 KENNEL S PORT CHARLO	ST	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SEC. () VIGLIOTTI, VAN 12407 PARAMO PUNTA GORDA	DUNT DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	` '	Delete VATORE A PRES	Title: (Name: Address:) Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SALVATORE A VIGLIOTTI **PRES** 04/30/2007