

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000122417

Entity Name
SAVOIRS OF FRANCE INC.



Principal Place of Business
MAIN ST
ROSEMARY, FL 32461

Mailing Address
54 MAIN ST
ROSEMARY, FL 32461



01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1007543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
P.O. BOX 100
LAHASSEE, FL 32301

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IN THIS SPACE**

I, 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.

NATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN0000397448
01/30/06-80046-025 150.00

OFFICERS AND DIRECTORS

P
ELIZABETH HAWLEY, MARCIA
42 GARRISON VILLAGE DR, NIGARA ON LAKE
ONTARIO CANADA L0S 1J0,

VS
RYAN HAWLEY, JOHN
42 GARRISON VILLAGE DR, NIGARA ON LAKE
ONTARIO CANADA L0S 1J0,

ADDRESS
STREET

ADDRESS
STREET

ADDRESS
STREET

ADDRESS
STREET

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IN THIS SPACE**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

Date

Daytime Phone #