## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2008 08:00 AN Secretary of State **DOCUMENT # P02000032334** 1. Entity Name STRÉET SAVERS, INC. Principal Place of Business Mailing Address **578 IRENE ST 578 IRENE ST** ORLANDO, FL 32805 ORLANDO, FL 32805 No Chg-P CR2E034 (11/05) 01212008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2036686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DELEONARDIS, STEVE 578 IRENE ST ORLANDO, FL 32805 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DELEONARDIS, STEVE NAME 578 IRENE ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 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

**FILED**