

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049538

FILED
Feb 14, 2006
Secretary of State

Entity Name: SAVITS ENTERPRISES II, INC.

Current Principal Place of Business:

1050 BROAD STREET
MONTOURSVILLE, PA 17754

New Principal Place of Business:

Current Mailing Address:

2780 NE 183 STREET
#316
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 77-0596819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVITS, LAWRENCE
2780 NE 183 STREET
#316
AVENTURA, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAVITS, LAWRENCE
Address: 2780 NE 183 ST. #316
City-St-Zip: AVENTURA, FL 33160

Title: DV () Delete
Name: SAVITS, CHRISTOPHER
Address: 1360 NE 103 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS () Delete
Name: NICKOLAUS, HARRIET
Address: 2780 NE 183RD ST #316
City-St-Zip: AVENTURA, FL 33160

Title: DT () Delete
Name: SAVITS, MONICA
Address: 1360 NE 103 STREET
City-St-Zip: MIAMI SHORES, FL 33138

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: HARRIET NICKOLAUS

DS

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date