

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000103833

1. Entity Name
SAVI CONSULTING, INC



Principal Place of Business
1031 GREEN RD 5683 STAR P.O. BOX 561595
ROCKLEDGE, FL 32955 Rush DR, ROCKLEDGE, FL 32956
MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90152 048 ***150.00

GUUUVV

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1643543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

SARTAIN, KELLY
1031 GREEN RD
ROCKLEDGE, FL 32955
5683 STAR Rush DR
Melbourne, FL 32940

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SARTAIN, KELLY
STREET ADDRESS	1031 GREEN RD 5683 STAR Rush
CITY-ST-ZIP	ROCKLEDGE, FL 32955 MELBOURNE, FL 32940
TITLE	
NAME	Joshua SARTAIN
STREET ADDRESS	112 CEDAR ST
CITY-ST-ZIP	ROCKledge, FL 32955
TITLE	
NAME	Rhonda SARTAIN
STREET ADDRESS	5663 STAR Rush DR.
CITY ST ZIP	MelBOURNE FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *Kelly Sartain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05 3216369620
Date Daytime Phone #