

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117399

Entity Name: SAV-ON MORTGAGE, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

111 N. PINE ISLAND RD, STE 205
C/O EVELINE FELCY DSOUZA
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

111 N. PINE ISLAND RD, STE 205
C/O EVELINE FELCY DSOUZA
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 86-1085688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DSOUZA, ELIAS L ESQ
111 N PINE ISLAND RD, STE 205
ELIAS LEONARD DSOUZA, P.A.
PLANTATION, FL 33324 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: PD () Delete
Name: DSOUZA, EVELINE F
Address: 111 N PINE ISLAND RD, STE 205-B
City-St-Zip: PLANTATION, FL 33324

Title: VD (X) Delete
Name: FERNANDES, REMEDIA
Address: 111 N PINE ISLAND RD, STE 205-B
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DSOUZA, EVELINE F
Address: 111 N PINE ISLAND RD, STE 205
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: EVELINE F. DSOUZA

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date